The New York Medical Times

VOL. XV. NEW YORK, SEPTEMBER, 1887. No. 6.

ORIGINAL ARTICLES.

SPECIFICS AND THE MEDICAL THEORIES.

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"IN FACT, all medicines will be found specific in the perfection of the science," prognosticated Coleridge, a century ago, and this idea to diseased humanity, and the aid tendered to its relief, appears so flattering, indeed, that its practical hug crowded out all skepsis about its admissibility from the standpoint of any school, the non-homœopathic as well as the homœopathic, although it will be seen by our deductions that the latter alone is justified to entertain it and be guided by it in its therapeutics; owing to the extensive sway which empiricism has in medicine, the systematic pertinency of specifics was never made the topic of a special research, and among all practitioners, up to this very day, the perspective of Coleridge continues to be the generally cherished desideratum, fostered irrespective of any theoretical bias or theoretical system entertained.

Scientists, however, are very distinct in this particular; we can group easily all through the history of medicine, those theoreticians who believed in specifics and those who did not, and this goes far to prove that from a rational standpoint the distinction may not be slighted, and that a practitioner cannot, regardless of the school he hails from, indulge or no in the faith of specifics, or consider it as a matter of velleity, to either raise the claim of specific power of his remedies, or exhibit medicine on the basis of some other principle.

The history of medicine, it seems to me, does not show any trace of a theory of specifics before that eccentric Swiss practitioner and practical eccentric Swiss, Theophrastus Paracelsus, at Hohenheim, 1493-1541, who was the first to emancipate medical language from the strait-jacket of a foreign idiom, and the medical profession from the tutelar—of an inveterate doctrine.

In antiquity, Hippocrates, least of all, believed in specifics, or had, in his theoretical opinions, anywhere, a propitious work for such. He individualized as much and as masterly, indeed, as ever it was done in medical practice; but he did it not so much in the idea or with the aim to detect in the disease under observation, a specific individuality, as to get aware of the modality which a known disease would show in the individual case. And as to the medicine, his individualizing aimed more at the discovery of the vicariousness of the different remedies known in its relation to the individual case than at that of the congruence of the individual ailment with the very one remedy specific in that case. Hippocrates started from the standpoint that various medicines could do it, but that, in the individual case, one might possibly do it better than another, a latitude of materia medica which, with the theory of specifics, is inconsistent.

Among the later physicians, Asklepiades, of Prusa, 128-56 B. C., and the Arabs would appear to have a dash of the specific lore. But there was no theory to set it off as a matter of understanding, and so, it seems, Paracelsus was without precedent in the originality of his conception.

There was in pathology, from the times of its most incipient stage, a notion of some relation between the diseased state of the human body and the outer world. In some cases, the majority of them indeed, this relation was rather fulsome, extending over a much vaster range of facts than ever the demonstrating pathologist, with his means of inquest and inquiry, could command. But Paracelsus was the first to propound the idea of a relation between the special disease and definite specimens of the mineral or vegetative kingdom, as the case might be. Following the intuition which at that age of not yet realized restraint to crucibles, tests and scales took the place of scientific research, and very often even in our time of the "exact method" does it better yet than this, indeed, he vindicated to nature the elementary substances, sulphur, salt and mercury, and in the diseases of the human body simply a reiteration of their actuality, in the outward diseases salt and mercury, and in the inner diseases sulphur; and from this congruency of macro- and microcosmos he argued his theory of specifics; all that the physician had to do was to detect whether the disease in hand was one of sulphur or of salt or of mercury, and the selection of the remedy was not any more an open question

or of any doubt, and in the way Paracelsus wants it to be understood, this division covers the whole ground, for the aforementioned elementary substances have to be taken typically; they represent the three groups—the volatile, mercury; the soluble, salt, and the combustible, sulphur.

Paracelsus practically did not leave things there; among the remedies he exhibited were mummies and amulets, providence and the devil; but that was rather a concession to the proclivities of the times, and as to specifics, it cannot be doubted that he was the first propounder of the idea on which they rest.

The development of medical theory in the after times, was on the whole not favorable to that of the system of specifics. Anatomy was the branch which took the foreground, and when the study of physiology was added, the first explorers were given so much work by the exclusively microcosmic questions that the great problem of the macrocosmic relations was temporarily neglected, and by most enquirers not cherished either, indeed even Stahl, although numbered among the followers of Paracelsus, did not favor the theory of specifics, and up to our own century it remained a more or less forgotten branch of medical ideation.

On the other hand, the practical notion of specific remedies was far from being less than before fostered by the medical profession. The most prominent men of the times, by extolling the peculiar relation of some medicine to particular diseases, were eager in establishing the virtue of these remedies as specifics, and it is no less a name than that of Sydenham which is everlastingly connected with the praise of quinine as a specific in periodic ailments.

Later on, more than ever before, medical investigation took a turn to pathological exclusiveness, till, at last, in the Bohemians of the new Vienna school, it landed in a complete atrophy of therapeutics, all curing of disease being looked down upon as the boorish fancy of a backwoods' country doctor; clinical development of sick diathesis into unheard of and in similar enormousness never before seen, cases of pathological monstrosity was the ambition which heated the brain of a hospital physician; their minutely careful observation in long-winded records up to the last breath of the victim of dry vivisection became the glory of the staff, and patient and student waited in vain to get what they had come for, the former to get relief, and the latter to be informed about the agents which are apt to procure it.

Taking into account this preferment in the medical science of doctrines of exclusively pathological interest, faintly counteracted by the natural bias of medical practice to rather fall in the opposite extreme, and look at pathology as a sort of ornamental cloak to wrap up in while entering the sick chamber, but which is flung aside when embarking earnestly in the professional work, it is, perhaps, not surprising to see that the opposition of Hahnemann, who suddenly, in the midst of the development of this capricious prank of medical doctrine, started a complete theory of macro- and microcosmical relationship between remedy and disease, was followed by such glorious recompense. The public still less than the general practitioner will bear for a long time a neglect of the main question how to remedy disease, and will most readily support a theory which promises progress and success in the laborious virtue of attending to the suffering sick.

It is not my intention, nor is there room enough at this place, to ventilate the theory of specific medication. What I want to state is, that, formally scientific medical thought, the mere idea of specifics cannot be entertained except from the standpoint which established Paracelsus, and which, besides Siegmund, Hahnemann and his followers, among all the later, Rademacher was the only one to take, viz., that of the relation of the pathological individuality of the case, and that of the therapeutical individuality of the remedy. Aside from this relationship we cannot help stating that all indulging in the idea of specific remedies is theoretically a sign of ignorance, lack of education in scientific medicine, and practically, an incompatibility; whosoever, without being homœopathist, believes in specifics or exhibits them, and makes his patients have faith in them by giving credit to what he says, manifests thereby the character of an empiric who does not know what he is about, and so far from deserving the name of a member of a liberal profession, discredits his own learning and the school where he got it. And, as a matter of course, a school of medicine which, without being homœopathic, would make the doctrine of specifics their own, would testify thereby that it is denuded of the very rudiments of medical science, viz., the history of its own existence. And this becomes all the more obvious the further we follow up the development of the non-homœopathic theory; from the standpoint of a Bouchut, Henle, Virchoro, who deny all disease individuality, going so far, indeed, as to deny all generic differentiation between health and disease, considering the morbid conditions of the body simply as modalities of health, and claiming this to never be pure, but as

well as disease a relative state, it is next to ridicule to keep up the doctrine of specifics, and to continue in practice a usage which in the adherent to non-homœopathic schools is at the best a compliment paid to homœopathy and an involuntary confession of the shortcomings of the opposing theory. The broad views of the ætiological materia medica of the latter looks, as a theory, well enough, but it is the very width of the scope of their application which, in his drug selection, leaves the practitioner at sea, and it is only too natural that he seeks refuge in the old truth, hope that every disease has its remedy, and that if we only know what the disease is we can cure it.

It may be doubted whether the bridge which homœopathy struck between disease and medication is proof to all load of argument. But that much is sure, there is a bridge, and a practically passable one at that. But among its adversaries it is just such a bridge which is lacking; between the crowding physio-pathological novelties and the lagging behind of therapeutical tradition there is a gap which wants yet filling up, and which is the great drawback from non-homœopathic theoretical progress and the cause of the continuous reiteration of relapses of the general practice into the homœopathic domain.

THE RATIONAL PHYSICIAN.

By A. R. P.

IN AN admirable book entitled "The Physician Himself," written a few years ago by a Baltimore physician, there occurs the following true statement of homœopathic posology, and also the method by which a physician is to know that he is prescribing rationally and not homœopathically:

"Contrary to what many unthinking people believe, this creed gives the homœopaths perfect liberty to give an atom or an ounce of lime, salt, sugar or anything else at a dose, provided they proceed on the homœopathic principle of similars, and the question whether he or you or any one else does or does not practice homœopathy, does not depend upon the size of the dose at all. They might give an ounce of a medicine where you would give but a grain. Their ounce would not make them rational physicians nor your grain make you a homœopathist.

"Here is the true test as to whether you are prescribing homœopathically or not; were you to examine a patient and ask yourself, What is the best treatment known to the world for a case like the one before me? and give him that without regard to either creed or boundary you would be practicing rational medicine.

"If, on the contrary, you were to examine a case and ask yourself, What article would produce a totality of symptoms similar to these in a well person? and give him the one you thought would come nearest to doing so, you would be practicing homœopathically.

"Therefore, take care to remember that no matter how small your dose, even though you prescribe only teaspoonful doses of aqua pura or let your patient smell an empty bottle, it will not be practicing homœopathically."

Does the above test correctly define the rational prescriber? A careful examination of the tests shows them to be theoretically true, and yet in their practical application to involve a fallacy that seriously impairs their efficiency.

The second test question is not antagonistic to the first, but is included in the latter. To practice medicine thoroughly and rationally requires a knowledge of all its branches. If with this knowledge there is a conviction that the principle of similars affords the most efficient of all therapeutic measures then it follows that he is the most rational prescriber who thinks first on examining a patient, "What article would produce a totality of symptoms similar to these in a well person?" and if he fail to make a cure by this method then resorts to other therapeutic measures.

This is the ground occupied by many so-called homœopathic physicians who claim the right to use everything known to therapeutics. It is evident that they cannot be regarded as rational prescribers until their theory and practice are in accord. If they are broad-minded and keep themselves ready to use anything in the domain of medicine (including homœopathy to its full extent), why do they continue in the illogical and ridiculous position of asserting that the part can include the whole—this is done by every physician who calls himself a homœopath and yet claims to embrace all medicine.

On the other hand, the Old School physician is not a rational prescriber unless he avails himself of his unquestioned liberty to use all the means of cure known to medicine. If through a prejudice born—it may be—of honest hatred of the sectarianism that is so out of place in medicine—he ignores the now well-tried method of prescribing drugs according to the principle of similars he cannot be regarded as a rational physician. This prejudice is so wide-spread and deep-rooted that many intelligent physicians know absolutely nothing of the beneficient action of drugs when administered on this principle.

XUM

Is it not time to make a needed correction in the curriculum of the colleges so that their graduates shall have a thorough knowledge of the use of drugs? This may require a special lecturer in therapeutics, whose duty it shall be to teach the use of drugs on the principle of "similars." Such a course would involve no recognition of homœopathy as a system of medicine, but would be simply the re-assertion of the undenied right of the true physician to avail himself of every method known for the alleviation of human suffering.

When this shall be done then—and then only—sectarianism will disappear from medicine, and the physician will be both in name and in deed a rational prescriber.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Ichthyol.—Has been found effective as a local application in chronic eczema and psoriasis, pruritus, and acute and chronic rheumatism. Its value is due to the large percentage of sulphur which it contains.

Lobelia Inflata—Dr. E. M. Hale considers that the sphere of action of this remedy lies between tobacco and veratrum album, or their active principles, nicotine and veratrine. It acts upon the motor nervous system, and upon the respiratory center in the medulla. We find it useful principally in asthmatic affections. It is useful in two varieties—namely, the nervous, which arises from paresis of the respiratory center, and the catarrhal or humid asthma. In the first, it has been found curative in very minute doses. In the latter, when the mucous râles are loud, and the sense of suffocation is due to a mechanical obstruction by the mucus, and the coincident spasm of the bronchi, larger doses must be used. Almost magical relief has been seen to follow doses of one drachm repeated every hour, without nausea or vomiting following its use. Permanent cures of asthma of many years have been made by larger doses. Sometimes these large doses (half an ounce) have not caused vomiting. At other times smaller doses vomit violently, leaving the patient much prostrated, but with disappearance of the asthma. Dr. Hale has cured asthmatic attacks by small doses of veratrum when lobelia seemed indicated, but had failed. In some cases of asthma, the patient complains of a "dreadful sinking sensation" in the epigastrium, with violent distressing efforts of respiration. This faintness at the pit of the stomach—caused by paresis of the sympathetic nerve—is a clear indication for the use of lobelia, and it will promptly relieve such cases in doses of 1-10 or 1-100 of a drop frequently repeated. Ignatia, cimicifuga, digitalis and veratrum, all cause the same symptom by their depressing action on the same system of nerves. The primary effect of lobelia on the heart is to paralyze its motor nerves, like tobacco or aconite; hence it is a prominent remedy in primary cardiac weakness and irritation. The "sinking faintness" at the epigastrium is here the symptom most complained of. Small doses must be used to combat this condition. Some patients will bear doses of one or two drops of the tincture; others are made worse by it; and only find relief from the second or third dilutions. The secondary or reactionary effect of lobelia is to cause violent spasmodic palpitations, or symptoms closely resembling angina pectoris. In such cases quick and good results are obtained from five to ten drops of the tincture. Primarily, lobelia paralyzes the various sphincter muscles, and can be used in physiological doses. For spasmodic retention of urine or feces, or rigidity of the os and perinæum, a rigid and undilatable os has been seen to rapidly give way after a single dose of twenty drops. It will allay and regulate the severe pains in the loins during labor, which seem to arise from the rigidity of the genital passages. In dysmenorrhea, due to this same cause, small doses give prompt relief. In this respect it resembles gelsemium and belladonna. In hysteria, lobelia is frequently indicated. Hysterical convulsions have been cured by injecting into the rectum a teaspoonful of the tincture in water. In gall stone or renal colic, in incarcerated hernia, and in spasmodic gastralgia, lobelia often relieves promptly.

Nettle Juice.—*Les Nouveaux Remèdes* states that the best remedy for hemorrhages of all kinds is nettle juice. It is better than tannin, chloride of iron, sulphuric acid, hydrochloric acid, or ergot. The illustrious Chomel said: "This remedy is the most certain to stop hemoptysis and all hemorrhages." The difficulty heretofore has been that the remedy was not available, because it will not keep. However, a pharmacist, M. Peneau, has conceived the happy idea of preparing a syrup from the juice. This is done when the plant is in full vigor. In this form the medicine does not alter, and keeps indefinitely.

Chininum Sulph.—Dr. E. W. Sawyer states, in *The Medical Advance*, May, 1887, that eleven years ago he learned from his cook that her brother could not take the smallest particle of

quinine without a profuse flow of blood with his urine, sometimes within half an hour, and always unattended with pain. He was sixteen years old, and of slight build. This experiment was repeated several times when attempting to break ague with quinine. About a year later, Mrs. E., aged about sixty years, a farmer's wife, tough and wiry, came under treatment for bloody urine, unattended with pain or uneasiness in the urinary sphere. Careful examination revealed no stone or morbid growth in the bladder. Surmising that she had strained herself in walking over slippery roads, the doctor gave several remedies a fair trial; but with no benefit. Remembering the effect of quinine on the youth above spoken of, as a last resort he gave her nine doses of quinine—one-sixteenth of a grain, three to be taken daily. Result: prompt and permanent cure.

Polygonum Aviculare.—Dr. Rothschinn, of St. Petersburg, at the late congress of Russian physicians, spoke highly of the value of polygonum aviculare in bronchial catarrh and asthma. An infusion of thirty parts to one thousand was used, dose being a glassful thrice a day, with milk or sweetened water. It is said to be useful in whooping-cough, but is of no value in phthisis.

Pichi.—This is a Chilian coniferous plant, the fabiana imbricata of Ruiz and Pavon. Its therapeutic action is most marked in cases of vesical catarrh caused by uric acid diathesis, gravel or calculi. It has also a diuretic action, which has been found valuable in many cases of icterus, dropsy and dyspepsia. In these cases the preparation employed was the essential oil.

Hippurate of Calcium.—According to Dr. J. J. Gaynor (*Physicians' and Surgeons' Investigator*), the hippurate of lime (and simultaneously the neutral phosphate of soda) will often be of incontestable utility in modifying the soil in which the bacilli tuberculosis develop, so as to render it unfit for their multiplication. A very large number of scrofulides are amenable to hippurate of lime. Among these may be placed impetiginous eczema and impetigo, to which may be added ecthyma, lichen, and chronic prurigo, rupia and certain forms of lupus. The hippurate may also be given for many of the skin diseases which are symptomatic of liver disorder. Among these are certain forms of pemphigus, of urticaria, rum blossoms, and the blotched ruddy face and red nose, supposed to be met oftenest in this country. Indeed, this compound is a specific for red noses. It is admirably adapted to the diseases of hot countries, where hepatitis is so common; and will render good service in our temperate climates, to all those who, spontaneously or as a result of alcoholic excesses, are prone to simple engorgement, or cirrhosis of the liver.

The following is Poulet's formula for "syrup of hippurate of lime:"

Hippuric acid, pure.....100 grammes.
Milk of lime (whiting size) q. s. to produce alkaline reaction.
Hot water.....2 litres.
Sugar.....2400 grammes.
Essence of citron.....15 grammes.

Dissolve the hippuric acid in a portion of the hot water (80° cent.), and stir in the whiting size (*lait de chaux*) gradually until litmus paper gives an alkaline reaction. To do this properly requires at least a quarter of an hour's work. Then add the rest, and place over a slow fire, etc. Dose, a tablespoonful three or four times a day.

Hippurate of Lithia.—Except in cases of atony, where hippurate of lime takes precedence, hippurate of lithia may be resorted to in dealing with the uric diathesis marked by the formation of gravel, by knotty rheumatism, or by gout with tophus, articular nodosities, etc. It is as useful in preventing the access of gout, as it is in curing the lesions already formed or in way of formation, and should be employed continuously for a long time in both cases. We often find it advantageous, too, to combine or alternate the hippurates in these cases.

The following is Poulet's formula for syrup of hippurate of lithia:

Carbonate of lithia.....8 grammes.
Hippuric acid.....35 grammes.
Tepid water.....1000 grammes.
Sugar.....1200 grammes.

Dissolve the acid and carbonate in a small portion of the water, so as to obtain an alkaline reaction. Add the rest, and place over a slow fire. Each spoonful of the syrup contains twenty-five centigrams of the salt and but three centigrams of the base. The sugar must be left out of both solutions when prepared for diabetes.

Arseniate of Strychnine.—This new chemical as well as remedial is being highly recommended in the premonitory symptoms of the acute infectious diseases, such as muscular lassitude, malaise, depression, etc. It is specially spoken of as having powerful antiseptic properties, and as aborting threatened typhoid fever if used carefully in the early stages of the attack. It is also stated that even at the tenth day of the disease its use was promptly followed by marked improvement and early recovery. Dr. J. Russel has employed a solution of 1 in 250 of water, using it hypodermically, beginning with 1-64 of a grain, and gradually increasing until 1-16 of a grain is used.

CLINIQUE.

A CONTINUOUS SUTURE, ADAPTED FOR USE WHEN COAPTATION OF DEEP STRUCTURES IS REQUIRED.

BY H. I. OSTROM, M. D., NEW YORK.
Surgeon to Ward's Island Hospital; to the Hahnemann Hospital, New York, and to the House of the Good Samaritan Diakonissen.

I HAVE found the following method of suture useful in retaining the deep parts of wounds firmly in contact. Especially has it proved of service in sewing up long and deep suppurating tracts when it is desired to include the floor of the tract in the line of union; also in holding together the flaps, either circular or muscular, of large amputations. I have used it with gratifying results in sewing the abdominal wound after laparotomy, when the peritoneum is not united separately. In the radical operation for vaginal hydrocele, I have used it to hold the walls of the tunica vaginalis in contact.

A long handled needle such as the curved one I use for transfixing an ovarian or uterine pedicle;

Fig.1

Ostrom's Pedicle Needle.

or the slender straight instrument, known as Key's varicocle needle, having its eye in the point,

Fig.2

Key's Varicocle Needle.

is used to carry the silk. A word in relation to the setting of the eye. This should be perfectly smooth, and rounded, especially at both ends of the eye, so as not to present a cutting edge—the objection to the Key's needle—for as will be seen, if the eye is sharp, the silk will be cut while the needle is withdrawn after making each stitch. The needle is threaded with a piece of silk, at least four times the length of the wound to be closed. Beginning at the upper end of the wound or at the end farthest removed from the operator, the needle is passed from right to left, entering several lines from the margin of the wound, and is carried, either directly across to the opposite side, or buried in the tissues at the bottom of the wound if it is desired to raise that part, and then made to emerge at a point corresponding to that at which it entered. One end of the silk is then drawn through the last made opening; this end should be about six inches longer than the wound. The needle is then withdrawn, and still threaded, again entered about a quarter of an inch from the first opening, and passed as before. The free end of silk is then passed through the distal loop, and the needle again withdrawn, as in making the first stitch. The threaded end of silk is then drawn to the required degree of tightness, and the needle again entered for the third stitch.

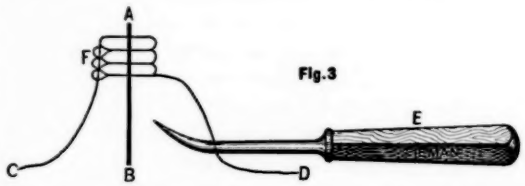

Fig.3

Schematic.—A B Line of Wound; C D Suture; E Handle Needle; F Loops through which suture C passes.

Each stitch is formed in the manner described, and when the last one is completed, the needle is unthreaded, and the two ends of silk tied.

In making this suture, which it will be seen is in principle nothing more than the double-threaded lock stitch, a few precautions are necessary to insure success. One of the advantages that I find belongs to this suture is that it serves as a splint to the tissues through which the stitches pass, but if these are made too tight the circulation may be cut off, resulting in sloughing. To avoid this the left hand end should not be *drawn upon*. It should act only as a fixed point upon which to tighten the loops of silk. Then again, if before introducing the needle, care is taken to arrange the suture so that the free end is on the lower side of the instrument, the latter can be withdrawn, without making undue traction upon the loops of silk that have already been passed.

A CASE OF TUBERCULAR MENINGITIS CURED BY IODOFORM.

BY WM. S. MINER, M. D., NEW YORK.

IN THE January number of THE NEW YORK MEDICAL TIMES, in an article by Dr. Alfred K. Hills, occurs the following observation: "Dr. Eugene Martel (*Revue International*) reports eight cases of tubercular meningitis cured by inunctions of iodoform as follows: The head being shaved for the purpose, a pomade, made up of one part iodoform to five parts vaseline is rubbed into the scalp until a gramme of iodoform has been used, twice each day, and a closely-fitting cap applied and allowed to remain. * * * The disease having been considered incurable under any previous treatment should make us willing to investigate a mode which offers reasonable ground for success, especially when statistics are in its favor as in this case."

I had lost two cases of tubercular meningitis within the three months preceding my reading of this article so that when, a short time ago, a third case came under my care, I decided to give this a trial.

I will give the history of this case somewhat in detail for the reason that when cases of tubercular meningitis are reported cured, the first thing that is done is to question the accuracy of the diagnosis. All writers seem to agree upon the hopelessness of the prognosis in these cases. In Pepper's "Practice" (v. 5, p. 735) it is said: "Hahn claims to have cured seven cases, but of five of them there is no evidence that they were examples of tubercular meningitis at all," and again (p. 737), "a careful examination of the reports of these cases satisfies me that but two out of the seven were really examples of tubercular meningitis. In these cases the recovery is attributed to the energetic application of tartar emetic ointment to the scalp, producing extensive ulceration, which in one of them lasted more than ten months before cicatrization took place."

On the evening of June 18th I was called to see Hannah C., a child four years of age. Her mother gave me the following history: Two months previous she had had the measles; the attack was a mild one; no physician had been called in; the child was kept in a darkened room for a day or two, treated on the expectant plan, and got well in a few days. From this time until the present, however, she had not seemed like the same girl. Her disposition was changed. She was cross, irritable, petulant, disinclined to play about as usual, although she was not sick and had nothing to complain of. During the past week she had cried out in her sleep a great deal. On the evening preceding my visit, without any premonitory chill, she developed a high fever, which lasted throughout the night, and had continued with a morning remission up to the time when I saw her. She had slept hardly any that night, kept moaning all the while, and when she did get to sleep would cry out in it, sometimes waking herself with her screams. She did not complain of any pain.

When I saw her the temperature was 104.2°, pulse 160, face flushed, pupils dilated with a wild anxious expression, skin hot and dry, not much thirst, a dull general headache but no severe pain in head, tongue red and dry, convulsive twitching of tendons of hands, had eaten nothing all day. Child did not complain of anything. ℞ Bell. every two hours.

19th. Morning temperature 105.6°, pulse 160. Child had not slept at all during night. Would utter the most piercing shrieks and screams, wanted to be carried the whole time. Would grind her teeth and roll her eyes upward and inward. Would not take any nourishment. Kept kicking and tossing all the time, or would lie still for a few moments, then utter a piercing shriek, and kick and fight in a most savage manner. The head was drawn backward and kept rolling constantly from side to side. Aconite was administered hourly. In the evening the temperature was 104.4°, pulse 144, small, full and soft. All the symptoms present in the morning were still present but intensified. The child had lost consciousness altogether, the pupils were widely dilated, had a vacant stare, and much of the time were rolled upward and could not be seen. The hydrocephalic cry was uttered at intervals. Child would grate and grind her teeth in a manner terrible to behold. Vomited two or three times during the day. Vomiting was projectile in character, the contents of the stomach being forcibly ejected without any premonitory retching or signs of nausea. The bromide of sodium was administered in hourly alternation with the tincture of aconite.

20th. Had not been quiet more than an hour altogether during night. Morning temperature 105.4°, pulse 144, and weak. Respiration variable. At times presenting a modification of the Cheyne Stokes respiration, and at times becoming more regular, remaining steadily at 60 per minute—this while the child was at rest. There were no signs of any pulmonary lesions. Bowels moved during night. They had been constipated, but this morning and during the night had two or three loose evacuations. Child cannot articulate. Swallows with difficulty. Is extremely prostrated. Head drawn back, boring in pillow, and rolling constantly from side to side. Screaming and grating her teeth at intervals. Totally blind. Deaf. Unconscious. Automatic motions of legs and arms. Has taken scarcely any nourishment in last two days. Complete anorexia. Tongue heavily coated yellow. Breath very offensive. The case seemed to be beyond all hope of recovery, and an unfavorable prognosis was given.

I determined to give the iodoform a trial, though I certainly did not think that it or anything else could be of much benefit to the case.

Accordingly the child's head was shaved, a pomade was made up of iodoform and vaseline ʒ iii to ℥ ii, and one-half drachm of the ointment was rubbed into the scalp twice daily. It was well rubbed in, until no traces of the ointment remained. The rubbing seemed to have a soothing

effect. The child seemed to like it and would remain quiet while it was being done. The tincture of veratrum viride was administered in drop doses hourly, and the bromide of sodium used at night only in alternation with it in six grain doses.

The evening temperature was 104.4°, pulse 144, respiration 60.

21st. Morning temperature 103.2°, pulse 132, respiration 44. Child seems a little better. Rested more during night. Took a little milk this morning. Seems a trifle stronger. Otherwise condition same as yesterday. No change in treatment. Evening temperature 104.°, pulse 132, respiration 44.

22d, a. m. Temperature 102°, pulse 116, respiration 56. Sight is returning. Child recognizes those about her. Pupils still dilated, but have lost their vacant stare. Hears what is said when spoken to loudly. Seems to understand, but cannot speak. Power of speech entirely absent. Takes more nourishment. Had very little rest last night. The bromide of sodium which had been used freely during the night did not seem to have much effect. It was therefore discontinued, and veratrum viride given alone.

Evening temperature 103.°, pulse 132, respiration 60.

23d, a. m. Temperature 98.°, pulse 96, respiration 36. Child is brighter. The eyes look more natural. The boring of the head has ceased. Swallows without difficulty. Hears better. Very irritable and cross. Is much improved since yesterday.

Evening temperature 97.4°, pulse 96, respiration 36.

24th, a. m. Temperature 98.°, pulse 100, respiration 40. From this time the temperature continued normal for several days, and the child improved daily. Veratrum was discontinued and sulphur substituted. The power of speech began to return, and the child spoke with more distinctness every day. The appetite returned, and the child gained strength rapidly. With the fall of the temperature to the normal standard an eruption of boils made its appearance upon the thorax and abdomen. They increased in number and size daily until the entire surface of the thorax and abdomen, anteriorly and posteriorly, was almost completely covered with them. The inunctions of iodoform were then discontinued and hepar 3x administered. A moderate degree of fever was present from these boils, the temperature ranging from 100° to 102°.

July 2d. Body covered with boils in all stages of development. Over fifty were counted at one time, not counting numerous pustules which were also present in large numbers. The eruption was confined to the head, neck and trunk, the extremities being singularly free from it. No meningeal symptoms remain. ℞ Hepar 3x.

July 8th. Improving daily. Eats well. Growing stronger. Can walk and run about. ℞ Calc. phos. and hepar.

July 15th. Continued improvement. Boils are getting well. Only a few of them remain. Temperature is normal. Appetite is capricious, but child is gaining in strength and flesh. ℞ Calc. phos. 3x and hepar 3x.

July 24th. Boils have all disappeared. Still grinds her teeth and cries out in her sleep. Child is getting fat and strong.

August 15th. Child came to my office to-day with her mother. She is looking and feeling perfectly well. Nothing remains from her sickness save that she still sometimes grates her teeth in her sleep.

338 *Alexander Avenue.*

A NEW REMEDY FOR IRRITABILITY OF THE BLADDER WITH VESICAL TENESMUS.

BY T. GRISWOLD COMSTOCK, A. M., M. D.,
ST. LOUIS, MO.

I WISH to call the attention of my colleagues to a new medicine that I have found very useful in catarrh of the bladder. Vesical catarrh in advanced life is something quite troublesome, and as every experienced practitioner well knows at times baffles all our remedies. A little more than a year ago I heard of a new remedy extolled for the cure of these cases, and just at that time I happened to have three troublesome cases of chronic cystitis, one of them being an old person, and I prescribed pichi (fabiana imbricata), a remedy brought from Peru, where is is said to be successfully used for bladder affections by the native physicians. The medicine was introduced into our country by Messrs. Parke, Davis & Co., Detroit, who have published a working bulletin descriptive of its merits. It is a plant that is native in South America, of the natural order of Solanaceæ, the leaves being used. One case I may mention where I used pichi. It was an old lady, æt. 70, who was delicate, and had long suffered from catarrh of the bladder, which finally developed into an attack of enuresis and paralysis of the bladder. The incontinence was such that she was compelled to pass her urine every half-hour during the day, and through the night still more frequently. The ordinary remedies carefully selected according to the symptoms signally

failed, and the lady was completely bed-ridden, and seemed beyond recovery. At this period of her attack I gave her fluid ext. of pichi, in twenty drop doses, repeated every three hours, and within forty-eight hours I began to see an amelioration—suffice it to say this old lady improved forthwith, and was soon up and in her ordinary health. Over seven months have now elapsed and she has but little inconvenience from her old cystitis and incontinence. I have prescribed pichi in several other similar cases, and have usually seen good results from it. I cannot recommend it for organic affections of the kidney, but it possesses diuretic properties and is appropriate for vesical catarrh caused by uric acid diathesis, and acts as a palliative for calculi and for those subject to renal colic. I have seen no untoward effects from its use thus far. I have given it in small doses in urinary difficulties of children as well as adults. Pichi, for bladder difficulties, and spiræa ulmaria (queen of the meadow) for urinary retention from enlarged prostate, are valuable additions to our *materia medica*, well worthy of attention and further study by the medical profession.

DR. BERGEON'S METHOD.

THE EMPLOYMENT of gaseous enemeta in the treatment of phthisis has already be come popular with the profession, although there are a variety of opinions as to its utility and its *modus operandi*.

Dr. Bergeon's own contra-indications for its use have been translated by Dr. B. S. Arnulphy, of Chicago, for the *Clinique*, and are of great importance to those who would practice the method according to the latest experience.

We quote from Dr. Bergeon as follows:

1. *Contra-indications found in the condition of the respiratory organs.*—It would be a wise bit of practice to use gaseous enemata with the greatest care whenever the patients exhibit any tendency to hemoptysis and even not to attempt it at all when the latter assumes the active hemorrhagic form. No doubt that gaseous enemata by modifying the respiratory rhythm, induces a certain degree of congestion of the lungs. This effect is especially pronounced when a sulphurous agent is employed. Bergeon readily owns that he has oftentimes been compelled to replace the sulphurous waters with some alkaline waters of complex mineralization.

In fact, it is a very common thing in the sulphurous balneary stations to observe hemoptysis directly due to the use of the water, the primary effect of which is to congest the capillaries of the lungs; although Dr. Bergeon claims that the action of the sulphuric hydrogen is very different and almost innocuous when absorbed through the intestines. I would not readily trust his assertion, I would only use sulphurous water with the utmost discretion and vigilance. Under such condition, indeed, I would suggest the use of eucalyptol. Quite recently Dr. Lecomte published some cases observed in the service of Dr. Dujardin-Beaumetz. Out of twelve cases, five only exhibited favorable results; in the remaining cases, painful colics, diarrhœa, and repeated hemoptysis, one of which was fatal, were observed. Sulpho-carbonated water was used in this last instance.

M. de la Roche says there is a decided contra-indication when both lungs are filled with tubercles, a pronounced dyspnœa being present. As in this case, elimination of carbonic acid through the lungs being almost impossible, the gas only increases the blood-pressure and induces congestion of the lungs. And Dr. de la Roche cites the case of a patient presenting the condition above described, who died with pulmonary congestion two days after three injections had been tried. The patient was already in an almost hopeless state. Dr. Morel has also observed the same contra-indication, and he states that no therapeutical results can be expected in those cases, and, moreover, that patients will suffer colic pains due to the retention or accumulation of gas in the bowels. So that, when examining patients, it is not so much the extent of the lesions that have to be considered, as that of what is left of sound lung tissue through which a sufficient elimination of the injected gas can be hoped for.

It will be readily understood that the least communication between the pleura and the lung tissue, excavated or even encysted, evidently constitutes a formal contra-indication for these injections.

2. *Contra-indications arising from the circulatory apparatus.*—Prominent among the contra-indications of this class stand the aneurysmal dilatations of the thoracic blood-vessels, as any additional blood-pressure may prove fatal.

Dr. Bergeon, when asked in consultation for two such cases, absolutely refused to interfere. However, cardiac diseases in general he holds to be of no account in the application of the method.

"Many times," says he, "I have had to treat phthisical, catarrhal, asthmatic patients affected with cardiac complications, and I have never met with any accident, nor detected symptoms which

could lead me to the conclusion that heart diseases contra-indicate gaseous enemeta."

He even cites the case, which he observed in consultation with Dr. Morel, of a patient affected with chronic bronchitis, emphysema, asthma and ascites, in which the gaseous injections gave relief in spite of the circulatory troubles. However, no real good was done in that case, for the patient died a few days afterward.

Here again I would listen to a sense of medical instinct which cannot be safely disregarded, and refrain from using gaseous injections in heart diseases, whenever the circulation is seriously impaired.

It cannot be good practice to bring about an excess of pressure in the venous system and the right heart already over distended, and to crowd the lung capillaries with an additional quantity of carbonic gas, and on no account would I undertake such an illogical experiment.

There is another condition of the circulatory system which requires the greatest prudence in using the method—namely, when the tunics of the blood-vessels are affected with atheroma. I need not insist any more on that subject.

3. *Counter-indications arising from the digestive organs.*—It is claimed by Bergeon, Morel, Chantemesse and many other physicians, who have been experimenting with the method, that in the majority of cases the gaseous enemata are well tolerated by the bowels when the carbonic acid is pure, the medicinal agent well selected, and especially when proper attention is given lest any atmospheric air should be injected. Nevertheless a certain number of cases are on record showing that various resulting disorders of both the stomach and the bowels are by no means an uncommon feature of the treatment. A tendency to emesis is very frequently observed, and some patients will have to go through that unpleasent process after every injection. This may prove a serious drawback in some instances, and may even necessitate the suspension of the treatment.

I know of two patients with whom the injections of three or four litres of gas brought about a peculiar state of fullness of the stomach attended with giddiness, together with a strong tendency to sleep that was liable to last for many hours. The injections had to be suspended, as, after two months' treatment, they were followed with dubious results for the local lesions, the patients had lapsed into a state of nervous exhaustion and despondency, due most likely to the unusually deep sympathetic reaction which the presence of the gas elicited through the abdominal plexi.

Dr. Bergeon cites a very typical case of momentary intolerance which is well worth mentioning. Here is a translation of it: "Mr. X., fifty-two years, an asthmatic for more than fifteen years, had suffered intolerably during the last three years. He comes to employ the method of gaseous enemata, and immediately feels an immense relief. He is able to sleep in his bed, which he had not been able to do for years, and soon afterward he proclaimed himself cured. Unfortunately some weeks later a stubborn constipation set in. The patient, who had lived seven years in China and Indo-China, is affected with an organic alteration of the liver and pretty large hemorrhoids. The old trouble comes back again, and when the injection is given hardly a pint of gas finds admission, and not even that much is retained. Called in at that moment, I came to the conclusion that the injection was impossible. In spite of the patient changing his position several times, and notwithstanding his energetic efforts, not a particle of gas could penetrate. On the theory of a mechanical obstacle two doses of a drastic purgative were given for two days in succession without any avail. The gas is still repulsed and unabsorbed. Meanwhile his asthma became very troublesome again, and the patient insisted that the treatment which had afforded him such relief should be tried once more. Yielding to his entreaties, I made a new attempt, the patient being this time in a standing position. But in spite of our united efforts the gas oozed out, and I was compelled to give up any further attempt, as the patient was covered with cold perspiration, and fainted away.

"Thinking, then, that this lack of absorption might be induced by the liver complaint, producing, either through reflex action or through a modification of the intestinal secretions, a paresis of the mucous membrane of the bowels, I gave the patient Vichy water, and had some mercury and belladonna pomatum smeared on the liver region, large poultices being at the same time applied on the abdomen. Forty-four hours afterward every complication had disappeard; the former medication was resorted to, and the result affected was as good as before."

KUMYSS IN A CASE FROM PRACTICE.

By F. P. WARNER, M. D., CANANDAIGUA, N. Y.

MRS. A., aged 30, became pregnant in Feb., 1886, and in April injected into the uterine cavity a solution of soda in water for the purpose of bringing on a return of the menses or emptying the womb of its contents.

This was followed by severe and repeated vomit-

ing of bile and all food and liquids, which vomiting proved rebellious to all known remedies, including both schools of practice, both by stomach, rectum and hypodermally. The vomiting followed immediately on taking the least particle of food or drink into the stomach. Medicines could not be given in water without being ejected immediately. After the stomach was emptied of its food the vomited matter consisted of bile turned green from the action of the stomach juices upon it. A teaspoonful of spring water would be immediately thrown up. This state of affairs run on for a month, the patient in the meantime being partially nourished by rectal enemas. At this point the rectum became intolerant of injections. All this time the patient vomited repeatedly several times an hour for the twenty-four hours. There being a slight retroflexion the reposition of the uterus was followed only by slight relief. The patient became rapidly emaciated so she was a mere skeleton. In order to save the life of the mother the writer advised emptying the womb of its contents.

Before resorting to this, however, the use of kumyss was suggested by a neighboring physician. The writer prepared some from cows' milk. The first dose of a tablespoonful was immediately ejected. Another dose of one teaspoonful was given, which was retained—the first and only thing that had been retained for six weeks. This she continued to take in increasing doses until the stomach would bear two tablespoonfuls, never any more, at intervals of from two to three hours. This was all she could retain till after the fifth month. During this time she took about forty quarts. After the fifth month the patient could only take liquid food, and was emaciated and miserable till October, when she gave birth to a healthy nine pound boy.

Two hours after delivery she took a half glass of milk and retained it, and the following morning ate a piece of beefsteak and bread, and made a rapid recovery and is now healthy and well.

What the result of emptying the womb might have been no one can tell, suffice it to say that kumyss saved the woman's life. There was no hepatitis or gastritis except what was from reflex causes.

AN IMPROVED METHOD OF REMOVING AN ELONGATED FORESKIN.

By Henry G. Hanchett, M. D., New York.

HAVING had occasion several times to operate for elongated foreskin in cases where the nervous condition was such that the physician in charge wished if possible to avoid the use of general anæsthesia, I have sought to reduce the steps of the operation and consequently the time consumed to a minimum. The difficulty encountered has been to secure a symmetrical excision of the mucous membrane and integument at a single stroke of the knife. In the usual operation this is not attempted, but after division of the integument by the scalpel the mucous membrane, which retracts and escapes the knife, is trimmed by the scissors as a later step and a very painful one. These two stages are necessary even when two forceps are used, and I have found it impossible by the use of Vidal's forceps only to adjust stitches previous to making the excision in such a way as to give a satisfactory result. The problem, then, was to find a method of fixing the mucous membrane in relation to the integument as the first stage of the operation and its solution I found in the simple expedient of distending the prepuce with paper before applying the Vidal's forceps.

In operating I first break up any adhesions that may exist between the glans and prepuce, if the latter can be retracted sufficiently to allow it. I next fold a piece of clean paper to the greatest breadth that the prepuce will admit without painful stretching, making it of three or four thicknesses, so that the edges shall be somewhat rounded while the needle shall not encounter too much resistance. I then round off the corners slightly, leaving not less than three inches of length to the paper strip as completed. This strip I next introduced within the prepuce pressing the end with rounded corners against the glans, the breadth of the strip being verticle—parallel with the meatus. I then draw the prepuce over the strip, putting the mucous membrane upon the stretch and holding the parts in this relation by applying the Vidal's forceps firmly with the concavity toward the glans and so that the pressure is applied at the extreme end of the paper strip which touches the glans. I use a Vidal's forceps made by Tieman & Co., having curved blades in which are drilled holes large enough to admit a needle. After adjusting the forceps I spray the parts thoroughly with ether (I have seen no effect from cocaine in the three cases in which I have tried it), drive the needles through rapidly, using two or three separate needles according to the size of the prepuce. I then excise the prepuce at the convex edge of the forceps with a scalpel, cutting off the paper strip as well. The paper that remains in the forceps has protected the glans from injury, has secured the proper excision of the mucous membrane, and, after removing the forceps, can be drawn out bringing with it the threads already

XUM

placed, and needing only to be cut and tied to make four or six sutures. I dress the wound with calendula and glycerine, confine the patient to bed for a week and cut out the stitches on the sixth day. The painful part of the operation is very short, and the results so far have been all that could be desired.

The Use of Oxygen Gas in the Treatment of Disease.*—The large number of flaming advertisements, setting forth the merits of the so-called Compound Oxygen Treatment, should lead us to inquire whether the legitimate use of pure oxygen gas as a therapeutic measure by the profession has reached a point to which the experience of those who have used it would indicate that its merits entitled it. That there is some benefit derived from the use of the so-called compound oxygen is attested by its wide-spread use and the cures frequently effected. No doubt many of the preparations are nothing more than solutions of peroxide of hydrogen, which readily gives off oxygen when warmed. The greater convenience of administration gives our quack competitors a decided advantage over the legitimate profession, who have to be content with the old mode of inhalation from a rubber bag. Even that facility is not afforded the country and town practitioner. Had we the opportunity of dispensing it compressed into small portable cylinders, in quantities sufficient for one or two inhalations, it would greatly promote its introduction into more general use.

The effect upon the system produced by the inhalation of pure oxygen gas, or of super-oxygenated air, may be studied by considering the changes produced in the appetite, the circulation, the temperature, the secretions and excretions and nutrition.

The appetite usually increases in a remarkable degree. This may, possibly, be due to the instinctive demand felt by the system for more cabonaceous feed to meet the increased supply of oxygen.

The circulation, as shown by the pulse, is in healthy persons slightly quickened, if changed at all, while the weak, feeble and quick pulse is made stronger, fuller and slower. The capillary circulation is also stimulated, as shown by the return of the rosy hue to the pallid cheek and extremities. This stimulant effect upon the capillaries takes place, not only upon the surface, but also in the intestinal tract, the viscera, and the whole glandular system.

Little effect is produced upon the temperature, and it is not uniform. Many claim that the temperature is elevated, and this is frequently the case, where the extremities are cold because of the sluggish circulation. In exceptional cases no influence upon the temperature can be noted.

The glandular secretions we would naturally expect to be increased, conceding that the capillary circulation is uniformly stimulated. No accurate experiments have been instituted to ascertain the effect upon the secretion of the liver the spleen, the stomach and other organs, but possibly the increased appetite may be partly due to a stimulation of the digestive glands.

The elimination of carbonic acid gas from the lungs has been found to be at first decreased by the inhalation of oxygen, but the result of more extended experiments has shown a slight increase in the average amount exhaled. The temporary decrease may easily be accounted for by the less displacing power of oxygen towards carbonic acid as compared with the mixture of oxygen and nitrogen, the residual air becoming soon saturated with carbonic acid, so as to interfere with its further elimination. For this reason it would be better to combine with oxygen a proportion of hydrogen, which has a very high diffusive power, thus enabling us to form a mixture having the same or a greater diffusive power than atmospheric air, but containing twice or three times the proportion of oxygen. The only objectionable feature would be the explosive nature of the compound.

The inhalation of oxygen is thought by some to diminish the amount of urea and uric acid eliminated by the kidneys.

Under its use the nutrition is remarkably improved, as shown by the rapid gain in weight in many cases even far advanced in phthisis.

Oxygen will be found to be of service in the following classes of cases:

First.—Those in which, from some obstruction in the air passages, an insufficient supply of oxygen is allowed to enter the lungs, as in croup, constriction of the larynx or trachea, asthma, accumulation of mucus in trachea or bronchi during coma or severe bronchitis.

Second.—Where the lung is consolidated, either by pneumonia or tubercular deposit, or in a state of atelectasis, or compressed by pleuritic accumulation, so that only a portion of the lung is pervious to air.

Third.—Cases of blood poisoning, as by opium, chloroform, uremia, etc.

Fourth.—Cases of anemia, as auxiliary to appropriate internal medication.

Fifth.—Cases where it is desired to stimulate the capillary circulation, whether of the skin, as in certain skin diseases, and indolent ulcers, or of the intestines when ulcerated, as in dysentery and typhoid fever.

Thus we see that in a large proportion of cases oxygen may be of service, and it would, no doubt, be much more frequently used if we had some convenient mode of generating and administering it.

* Abstract of a paper by Frank C. Wilson, M.D., in the *South-Western Med. Gazette*, Feb., 1887.

The Ano-Genital Region and the Matrix of the Great Toe-Nail.—Those parts (says the *Weekly Med. Review*) which are the last to lose their sensibility in the anesthetizing process are the ano-genital region and the matrix of the great toe-nail, and it has been supposed that to this fact a number of the charges of improper conduct on the part of the physician toward female patients has been due, for the genital region retaining its powers of perception after their cessation in other parts of the body, any movement made by the patient toward the end of the anesthetization, or any arrangement of the coverings or clothing of the patient by the physician, producing in her the sensation of having been touched, that sensation is referred of course to the only part capable of receiving it, viz., the ano-genital region. Hence the first recollection of the patient, after the process is finished, will probably be that of having been touched in that region, and the result is a belief on her part, even if no charge is made, that she has been improperly dealt with. For this and many other obvious reasons the rule that another female should be present during the anesthetic process, as well as during an examination of a female, should be strictly carried out.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 526 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

The rallying motto of a Sectarian name is incapable of exciting to sober, calm, scientific investigation; it only rouses the explosive spirit of accusations of heresy to a fierce, volcanic flame.—HAHNEMANN.

NEW YORK, SEPTEMBER, 1887.

ON HAHNEMANN'S METHODS.

*It is the genuine Hahnemannian spirit totally to disregard all theories, * * * when they are in opposition to the results of pure experience. All theories and hypotheses have no positive weight whatever, only so far as they lead to new experiments, and afford a better survey of the results of those already made.*—(C. Hering.)

WE HAVE never had any doubt but that the sole duty of the physician as Hahnemann pointed out nearly one hundred years ago is "to restore health to the sick, in a prompt, mild and permanent manner!"

That Hahnemann did not consider that the only means to this end was the administration of drugs, is shown by his treatment of a case as reported by the father of the patient, in *Le Figaro*, for a translation of which we are indebted to the monthly *Homœopathic Review* for August, 1887, page 500.

Hahnemann, on being introduced to the patient, said: "Throw all these drugs out of the window—all these phials that I see here! Take the bed out of this room! Change the sheets, the pillows, and give her as much water as she likes to drink. They have thrown a brazier into her body! We must first put out the fire! We shall see what more is to be done afterwards. What is fatal to her is this atmosphere and these drugs. Remove her into the drawing-room, and, above all, water, water! water!" The treatment with medicine began the next day, and in a week, what was looked upon as hopeless, had been turned into convalescence.

No experienced physician will question the wisdom of Hahnemann's method in this case, no matter what he may think of the medicinal part of it, or whether he may consider that there was medicine used or not. The case shows also that Hahnemann had the sense to recognize other than drug means in the treatment of the sick, and did not fail to apply such means when indicated.

Hahnemann, in his introduction to the Organon, in considering the subject of medicinal emetics and their dangers to the stomach and bowels, says: "Nature knows full well how to disencumber herself of the excess, by the spontaneous vomitings which she excites, and which may at all times be aided by mechanical provocation, such as tickling the fauces. By this means we avoid the accessory effects which result from the operation of emetics, and a little coffee (without milk) afterwards, suffices to hasten the passage of any matter into the intestines, which the stomach may still contain." We should really like to know how many of those who style themselves homœopathists, follow this advice of their master at this day, but perhaps they will say it is not homœopathic, but Hahnemannian.

We do not know at present of a single absolute follower of Hahnemann! A small minority who profess much, go far beyond him in their dilution of drugs, and vary from his precepts in many other respects, while the great majority of those who style themselves homœopathists do not even pretend to follow his methods! If there was any one mode of treatment which Hahnemann condemned more than another, it was the use of local applications in affections of the skin, and still we hear of professed homœopathists recommending this anti-Hahnemannian treatment, in high places, yes; even in the very sanctuary of homœopathic pretension!

There are some methods of Hahnemann which will stand the test of all time, and suffering humanity cannot be too thankful for their having been promulgated!

In our estimation of Hahnemann's work we must not forget either the time in which he lived, or the developments since, then we may estimate his methods at their true value!

GENIUS NOT A NEUROSIS.

DR. KIERNAN, in the July issue of the *Alienist and Neurologist*, takes strong ground against the idea recently promulgated by eminent alienists that genius, especially poetical genius, is a neurosis, and while he admits that many a matter of fact young man or woman in the emotional stage of insanity has composed respectable verses yet the power, instead of being sustained, is lost upon restoration to health. The subtle chain of associating power which constitutes genius in its highest and best sense, differs decidedly from the disjointed condition existing in paranoia. Huxley's phrase "the scientific use of the immagination" is strictly applicable to the highest poetic genius. Sophocles was summoned to court by his sons, when at a great age, to have him placed under guardianship as a dement, but upon his reciting to the judge "Œdipas Coloneurs," which he had just composed, the clearness of his intellect was so apparent that the case was at once dismissed. Fox, McCullough and Bartley Campbell were paretic dements. After the disease set in histrionic power vanished. Napoleon Bonaparte's epileptic insanity marred his work. The failure of the Russian campaign and most of his political blunders were the result of his suspicional delusions and epileptic stupor. Plato and Socrates were clearly victims of sexual perversion, and like most sexual perverts had a dreamy, emotional, pseudo-ethical sentimentality which led to the Platonic love idea in one case, and made Xantippi miserable in the other. William Pitt, the elder, suffered from acute gouty insanity, during which he was worthless as a statesman. Shelly and Cowper were victims of periodical insanity, which alternated with literary production. When Southey and Rogers fell victims of dementia their poetry ceased to appear. Contrast the Lady of the Lake and Rob Roy of Walter Scott with his Count Robert of Paris and it is very easy to see which was penned when the brain was in full healthy activity and which was written after poetic dementia had seized him. Genius is not a product of a morbid mind. Insanity, in its emotional stage, may touch the lips of a timid poet, but its song soon sinks beneath the disease.

STENOCARPINE AS A LOCAL ANESTHETIC.

THE SKILL of the chemist is constantly taxed in bringing before the profession new remedies only a few of which ever obtain a passing popularity. Cocaine, as a local anesthetic, worked its way so rapidly into public favor that there is scarcely a physician who is not familiar with its merits. Very recently Mr. M. Goodman and Dr. Allen M. Seward have brought to the notice of the profession a new local anesthetic obtained from the leaves of a tree growing in Louisana called the Tear Blanket Tree. From the resemblance of the tree to Acacia Stenocarpo Dr. Seward called the alkaloid stenocarpine. Within the past month Dr. Herman Knapp, the distinguished oculist of New York, has, with a two per cent. solution, tried a large number of experiments, the details of which are given in the *Medical Record*, of August 13th, from which he comes to the following conclusions:

When dilatation of the pupil is desirable, in all conditions that have a tendency to congestion and inflammation of the iris, stenocarpine, either alone or in combination with atropine, is preferable to cocaine; it can also be used when in iritis there is increase of eyeball-tension, a tendency to glaucoma, and where there is great pain, with more advantage than cocaine. Stenocarpine is inferior to cocaine when we want anesthesia without mydriasis, as is the case in the majority of operations. To be certain of a complete paralysis of accommodation the drug is better than atropine, the effects passing off in one-half the time. Applied externally to an unbroken cutis it produces no anesthesia. Small doses rapidly absorbed produce the same symptoms as cocaine, viz., palor of the skin, cold perspiration, dizziness, stupor, fainting nausea and weakness. Large doses cause the most alarming general symptoms—violent tetanoid convulsions, opisthotonus, dilatation of the pupils, excessive accel-

eration of the pulse and respiration with prostration. Introduced into the veins, it causes almost instant death by arrest of respiration. The symptoms of poisoning are like those of strychnine, and yet the chemical tests for the detection of strychnine applied to stenocarpine have proved negative.

THE OFFICERS of the National Homœopathic Hospital in Washington, which has been established mostly through the untiring energy of Mrs. Nordhoff, the president of the Ladies' Aid Society, and the ladies associated with her in the association send out an earnest appeal for funds to enlarge and maintain a free hospital in the capital of the nation, "which shall be a Smithsonian Institute of Medicine, where every important medical fact may be collected and preserved, where methods of cure may be well tested and given to the public, and to which physicians from all parts of the country may resort for information and instruction." The report, in the clear and concise statement given above, has struck the key note of a great national institution and outlined a plan which would commend itself to every lover of progress throughout the nation, and which if it could be placed in practical working order would in a short time draw into its treasury such ample means as would give the institution the money necessary to carry out any plan deemed necessary for scientific work in the vast field of medical and sanitary progress. Washington is fast becoming the social and intellectual center of the Western World, and every year its population is increasing with a rapid yet healthy growth, and in its museums, its libraries, its art galleries, and its laboratories, increased facilities are given for every kind of literary and scientific work. Here in this capitol of a nation of illimitable resources and untold wealth, attracting as it is doing and must continue to do, the brightest and strongest minds in the great world of literature and science, an institution working in the line proposed in the report, conducted in the spirit of our free institutions, would soon rank for practical and enduring work second to none in the world. But there must be to insure that success to which the report aspires a wider field of investigation and more independence of thought than could be permitted in a strictly homœopathic hospital. Homœopathy is not and can never rank as a system of medicine; it is simply a specialty in therapeutics and must be studied and utilized from that standpoint alone, an institution which is to absorb into its work the ripest conclusions of the most advanced and brightest thinkers and experimenters in the world must be at perfect liberty to subject every theory and every method of cure to the most careful scrutiny and the strongest tests. Homœopathy, as a specialty, has revolutionized the therapeutics of the world, sweeping away many an error, illuminating many a dark place, and pointing the way to a better understanding of drugs and their action; but some of its professed friends have done more to retard its progress than its open and avowed enemies by claiming for it a universality to which it can make no just claim. We doubt whether the enterprise of our friends in Washington will ever receive that active and wide spread support which the plan outlined in its report richly merits, unless a more catholic name is selected than that of the National Homœopathic Hospital. The name would answer very well if it were intended to confine the work of the hospital to simply a specialty in therapeutics, but judging by the report the hospital is intended to occupy a much broader field, and we trust the officers will give it a more catholic name and thereby remove every possible objection which might be raised.

THE MILK of Alveloz from a plant growing in Brazil is used in the hospital in Rio with excellent results for cancer. The affected surface is washed with a carbolic lotion and dried. The juice is then applied freely with a soft brush, and is retained in place by lint or cotton and covered with light rubber tissues. It acts as a caustic and is without much pain in the cervix but decidedly painful when applied to the breast. Its use is endorsed by the Central Board of Health, Rio Janeiro, where it has also a local reputation for the cure of all kinds of ulcers, especially those of a syphilitic character. Dr. James Burton, of the Woman's Hospital, New York, has used it with good results in several cases of epithelioma of the

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cervix, and Dr. Veloso, in the *British Journal of Medicine*, Jan. 6th, 1887, claimed to have cured several cases of epithelioma of the face and lips where the application of the drug caused severe pain. At one time the drug could only be obtained of Mr. John T. Kirby, 10 Beaver St., New York. Dr. Hunter says that though its results have often been negative, yet in cases of spongy, easily disintegrated cervixes it has left a better surface than nitric or chromic acid or the actual cautery.

THE INTERNATIONAL MEDICAL CONGRESS will be organized at Washington, Sept. 5th, at Albaugh's Opera House, where an address of welcome will be delivered by the Secretary of State, Mr. Bayard. The general arrangements will be similar to those of the National Scientific Association at its recent meeting in New York, the meetings of special branches being held separately. Wednesday evening a reception will be given by the citizens of Washington; a general reception and buffet banquet at the pension office on Thursday evening, and a trip to Mt. Vernon Saturday afternoon.

THE New York State Homœopathic Medical Society will hold its next Semi-Annual Meeting in the City of New York, Sept. 20th and 21st, and will be the guests of the County Society. The president, Dr. H. M. Paine, has worked so long and earnestly in the field of medical progress, has been so fearless in the support of what he believed to be truth, justice, and fair dealing, that more than usual interest will be felt in his utterances as president of a society whose very organization is to a very great extent due to his active brain and unceasing labor.

WE WERE particularly pleased in a recent visit to the Utica Insane Asylum, the oldest insane asylum in the state, to find such marked indications of progress, inaugurated and pushed forward with commendable zeal and intelligence by the new administration, in the general management of the insane. Work in the various departments of light manufacturing is utilized as much as possible, not for profit but as a remedial agent, with decidedly beneficial results. The *Utica Crib*, which at one time gave this institution a decidedly unpleasant reputation is not to be seen, and notwithstanding the superintendent justly claims the power to use mechanical restraint when he deems it necessary, he has thus far in his six hundred patients found no occasion for its use.

BERGEON'S METHOD OF TREATING PHTHISIS.—The injection of gas which Bergeon has introduced to the profession claiming for it marked benefit in checking the violent perspirations and expectorations of phthisis, and aiding materially in recovery has now been so thoroughly tried by a large number of careful observers, that some definite opinion can be formed as to its value as a therapeutic agent. Dr. Pepper has employed the enemeta in twenty-four cases, the treatment continuing on an average twenty-four days, and thinks it is seldom of any real benefit. Prof. H. C. Wood, of Philadelphia, thinks the sulphureted hydrogen gas accomplishes the same result when absorbed by the stomach as when taken up by the large intestine, and therefore administers it in carbonic acid water, in some cases he thinks with benefit. The testimony of nearly all observers is that the effects when administered by injection are negative, or at any rate not such as would warrant its general use. We must look to some other remedy and more especially to a more careful study of foods and climate to check the progress of this wasting and so often fatal disease.

THE *Detroit Lancet* very justly says, the most quarrelsome doctors have one common characteristic, lack of a generous broad culture, and recommends as a remedy a four year literary and scientific course and a four year medical and hospital training, and thinks if this does not teach them the manners of a gentleman they are hopeless. We fear the *Lancet* loses sight of the old Calvanistic doctrine of natural depravity or the Darwinian theory of evolution, and that there are some persons who could never in this world rise above brute instinct however much they may have studied, like the calf who suckled two cows, the only difference it made was—it was a very big calf.

MARTINEAU'S TREATMENT OF DIABETES has been employed in seventy cases with a cure of 96 per cent. No change of diet is required except the patient is required to abstain as much as possible from starchy foods and sugar. Instead of the ordinary beverage at meals he is to drink a solution of carbonate of lithia and arseniate of soda. Three grains of the carbonate of lithia and a tablespoonful of a solution of arseniate of soda, three grains to the pint, are put into a quart syphon which is filled with ærated water. The patient uses this water as his only beverage, drinking it with his meals and at any other time when thirsty, and at meal times, mixing it with wine if he desires.

THE GREAT ELECTRICIAN'S LATEST DISCOVERY,—no man living, or has ever lived, who has done more to utilize electricity than Edison—as exhibited and explained before the National Scientific Association at its recent meeting in this city, will not be the least useful of the many wonderful and mysterious applications he has made of electricity to the practical uses of life. His proposition, which he makes out and illustrates with much ingenuity, is the conversion of heat into power by means of magnetism and by the same principle the conversion of heat into electricity. He says, "Since whenever a magnetic field varies in strength in the vicinity of a conductor a current is generated in that conductor. It occurred to me that by placing an iron core in a magnetic circle and varying the magnetizability of that core by varying its temperature it would be possible to generate a current in a coil of wire surrounding this core. Following out this idea Mr. Edison placed eight electro-magnets in a circle with all their positive poles in contact with one iron disk and all their negative poles in contact with another. Passing through the disks and joining them he placed an equal number of rolls of thin corrugated iron, each roll opposite the two poles of the electro magnets. The eight iron rolls were then wound with insulated wire, when the apparatus was placed upon a furnace so that the hot air passed through the rolls, they became immediately non-magnetic. A semi-circular plate was now fitted below the lower disk to shut off the heat from half the rolls which, being cold were magnetic, while the other half being hot were non-magnetic. By revolving the semi-circular plate the rolls were just heated, then cooled, thus generating electricity in the coils of wire around the rolls. This simple machine Mr. Edison calls the Pyromagnetic Generator, and thinks it can be so constructed and modified as not only to furnish electric lights for the whole house by means of an ordinary furnace but also to run the elevator and sewing machine, and even furnish electricity needed in the physician's office. If Mr. Edison is correct in his estimate the output of electrical energy will be very much greater than in any other device known, and the cost immensely less. It will revolutionize electric lighting, rendering it possible for each household to furnish its own light with but very little additional expense to that incurred in ordinary heating. A small motor could be placed in any house at a trifling expense, which would not only furnish the light, but all the mechanical power necessary to make the home immensely more comfortable and housekeeping comparatively easy.

AN EXCEEDINGLY interesting case of somnambulism induced by the physician as an experiment, during which labor went on to a successful termination, was recently presented to the Paris Academy by M. Mesnet. Notwithstanding the period of labor lasted for several hours, the contractions of the womb being regular and strongly expulsive, most of the time there was no consciousness of pain, but yet an apparent consciousness of every thing which transpired, talking freely with the physician and those around her and expressing disappointment at the sex of the child. After being restored to consciousness she thought she had enjoyed a long sleep and had not the slighest remembrance of any thing which had transpired, but upon again being hypnotized a vivid remembrance of every thing returned and continued until roused to consciousness when it again disappeared. This condition illustrates what is often seen in certain phases of insanity in which the patient seems to have a dual existence as separate and distinct in thought and action, as Mr. Hyde and Dr. Jeckel, in that

wonderful work of fiction by Mr. Stephenson, which has recently been successfully dramatized by one of the most accomplished of American artists, Mr. Mansfield, and shows, as is often the case, that most incomprehensible conditions are often a faint presentation of what is seen in real life.

THE *Wiener Med. Press* gives a detailed description of the treatment of burns, adopted by Prof. Masetig, during the past five years in which forty-five cases have been treated, some of them of marked severity with very satisfactory results. The vesicles are first freely opened and the whole burn cleansed with cotton wool soaked in a half per cent. solution of table salt and well pressed out so as not to drop over the sore. That portion of the integument which is burnt through and looks like parchment is dusted over with an insuflator with a very thin layer of iodoform, but in most cases it is simply necessary to cover the injured parts with a compress of the best iodoform gauze; over this is placed gutta-percha tissue a little smaller than the compress, and over all a thick layer of absorbent cotton, which is kept in place by a few turns of a roller bandage. Such secretions as there may be, drain off beneath the gutta-percha, and are taken up by the absorbent cotton. The gauze and gutta-percha dressing should be permanent but in case of smell the external dressing only should be changed. In case, however, fever should set in, pointing by its character to septic causes the entire dressing should be removed, the pus evacuated, and mortified shreds and eschars removed with forceps and scissors after which the dressing may be applied as before. In scalds of the face an ointment is used of iodoform and vaseline 1-20, and covered with a gutta-percha mask.

PASTEUR'S INOCULATION.

THE claims of M. Pasteur for his method of preventing hydrophobia by inoculation were so strongly controverted by leading scientists in different parts of the world that the English Government, acting with its accustomed wisdom where great and important questions of science are concerned, appointed a commission composed of some of the ablest members of the medical profession, to carefully investigate the matter, and give their report to the public. This commission, which consisted of Sir James Paget as president, with Drs. Lauder Brunton, Lister, Roscoe, Quain, Burden Sanderson and Horsely as associates, was appointed April, 1886, and after a year, giving them full time for careful investigation, have made a very full report which has just been presented to the public. The commission expresses its entire confidence in M. Pasteur's methods. The points examined were the development of the virus in the marrow of animals dead of rabies; the transmission of this virus by inoculation; the subtilization of the virus through successive transmissions from rabbit to rabbit; the possibility of protecting in advance, by means of inoculation, healthy animals against subsequent bites of mad ones, and of preventing in those already bitten the outbreak of the rabies, and, last of all, the application of the method to the human species, and its efficacy.

In order to determine as far as possible the influence of possible error in the cases inoculated by M. Pasteur, the commission asked for an opportunity of examining some of the patients treated by him. He at once gave them the names of ninety, who were personally examined by the members. The conclusion they reached was that the inoculations performed by M. Pasteur had certainly prevented "in a large proportion" of cases the appearance of rabies among persons who would have succumbed if they had not been inoculated. They added that they thought the importance of his discovery was greater than appeared from its present utility, for it showed that it would be possible to ward off by inoculation other diseases beside rabies, even after infection. They doubt whether small-pox has ever successfully been warded off after infection by vaccination, and say that M. Pasteur may be considered the first who has really reached and arrested by inoculation the action of specific infection already begun. They say also that his researches have greatly enlarged our knowledge on the pathology of rabies, and have furnished, what is of the highest practical value, a certain means of determining whether an animal has really died of hydrophobia or not.

M. Pasteur, in presenting this report to the French Academy of Sciences, says: "It disposes at one blow of all the contradictions I have encountered. I pass without notice the passionate attacks made on me without the smallest attempt at experimentation or the smallest observation of what was going on in my laboratory, or even the exchange of

a word or an idea with the direction of the hydrophobic clinic, Professor Grancher, or with the doctors who assist him. But great as is my satisfaction, as a Frenchman I cannot avoid a feeling of deep sorrow when I remember that this strong testimony, given by a commission of illustrious savants, cannot be known to him who from the very beginning supported me with his advice and authority, and subsequently, when I was absent and ill, knew so well how to defend the cause of truth and justice—our dear colleague Vulpian."

INVESTIGATION AT WARD'S ISLANE.

At the request of Mayor Hewitt, the State Board of Charities has made an investigation of the management of the asylum for insane men on Ward's Island, and finds that the system of appropriating money for the Board of Charities and Correction is defective, inasmuch as the money for the use of the board is appropriated in a lump sum. The estimates are made out in detail, but the appropriation being in a lump sum, money intended for the insane asylum may be diverted to other institutions. Then, no itemized account of expenditures is published or furnished to the Board of Estimate, which is thus without proper data for its guidance. Detailed reports of expenditures and itemized appropriations are recommended. The committee finds that economy is carried too far in the insane asylum. Comparing the daily cost per capita for the last fiscal year it finds that at the Willard Asylum, with its chronic cases largely self-supporting, and exclusive of acute cases, and exclusive of large items paid by the State, the county charge is over thirty-five cents; but at Ward's Island, with its acute as well as chronic patients, dependent almost entirely upon high-priced markets and without large resources from its land or labor, the total charge, including salaries of physicians and all items of expenditure, is less than thirty-three cents. The cost at the Hudson River State Hospital, where acute cases are treated, is about four times that at Ward's Island. As to the food supply, it finds that the examinations by the inspector appointed by the Controller are not checks upon the department, except in so far as they furnish expert knowledge; for he attends only five days in the week and arrives late in the afternoon after the largest deliveries have been made, and takes his samples of such deliveries from the hands of the storehouse clerk. But with the proofs before the committee it failed to find, on the whole, any deficiency in the quality of the food supplied to this asylum as compared with either the purchase or the market prices thereof; or bad faith or gross negligence on the part of the Board of Charities and Correction, whose business it is to furnish such supplies.

The trouble is that the dietary is insufficient in variety and nutritious qualities, and the food with one exception is not properly prepared. The bread is good. But the cooking in other respects is shown to be bad in fact, and made necessarily so by the inadequate appliances in a kitchen intended for 500 inmates, and made to pass through its processes called cookery, food for over 1700 patients besides attendants. This condition of things the committee denounces as shameful.

The committee condemns the practice of treating the chronic and acute insane in the same asylum, and it agrees with Dr. Macdonald that "there are many men within the asylum walls now, incurable cases, who with more generous diet and more generous provision generally at the accession of their disease, would have long since gone forth clothed and in their right minds."

As to the responsibility for the condition of the asylum, the committee finds it to be a divided one. The report says:

> We find that neither the General Superintendent nor the Medical Superintendent, nor the Commissioners of Charities and Correction can be held, on the evidence, directly responsible for the evils in the present condition of the Insane Asylum on Ward's Island; but that the said Commissioners are, in some measure, responsible indirectly through defaults and delays in measures for relief, to wit; in neglecting to present increased estimates for the insane asylums from year to year, notwithstanding the aggregates of their estimates were annually reduced by the Board of Estimate and Apportionment, and in omitting to publish or file with the said Board copies of their annual accounts, as assurances against abuses of the system of their unbalanced estimates, and in delaying to file with said Board plans and specifications on applications for special appropriations for buildings and improvements. The system under which this great charity is maintained, is, at the same time, accountable for these evils. This system as we have found on the topic of finances, is one of unbalanced estimates between and among different institutions and bureaus in the same department, and of divided responsibility between two departments.

The foreign born population is about two-thirds of the whole census of the asylum. About two-ninths of the inmates are foreigners who have been in the country less than five years, and represent the largest ratio of those that could have been illegally landed in this country.

The remedies recommended by the committee are under the heads of provisional relief and permanent relief. The provisional relief applies to the diligent preparation of the farm on Long Island to accommodate the insane, and better accommodations generally with larger appropriations, specifically set aside for the insane; and separate provision for the acute insane. Under the head of permanent relief the board recommends:

> Either the management and government of both the insane asylums with all their various branches, to be given to a board of trustees composed of men and women appointed by the Mayor, to whom they should report; or, as the alternative preferred, all matters relating to the insane to be entrusted to one independent commissioner, to be appointed by and to be responsible to the Mayor: in accordance with which the Department of Charities and Correction would have to be reorganized, and might well be divided into four separate departments, each with an individual head, respectively for (1) insane asylums, (2) institutions for children, (3) all the hospitals and the almshouse, and (4) the workhouse, the several city prisons and the penitentiary.
>
> On the omission of the city and county to provide such permanent as well as provisional relief, the State to intervene. The county is the unit of political organization, but its insane are the wards of the State. It is the duty of the State to protect its wards, and whenever the county of their residence either refuses or neglects properly to provide for them the State should interfere.

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BIBLIOGRAPHICAL.

ON THE PATHOLOGY AND TREATMENT OF GONORRHŒA AND SPERMATORRHŒA. By L. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. New York, Wm. Wood & Co., 1887; pp. 474, octavo.

This is not only the most complete work upon the subjects of which it treats, but it is the most modern in every sense, is concise while being very analytical of all the literature which has preceeded it. The author draws the following conclusions:

1. That all the remedies yet enumerated, though adequate to cure by far the greater number of cases, still leave many unrelieved.

2. That while many are undoubtedly valuable, some of them are disagreeable, some dangerous, and some superfluous.

3. That there are no rules to guide us in distinguishing at the outset those cases which are, from those which are not, amenable to these remedies.

4. That where so large a list of remedies is given some attempt ought to be made to decide with accuracy in what cases each remedy should be tried, which as yet has not been done, so that every cure obtained is only an additional source of confusion.

5. That the reputation of injections has been injured by the want of any certain rules as to the relative value of the different substances employed, and the strength requisite in different cases, thus leading to the indiscriminate application of different substances in solutions of the same strength on the one hand, and, on the other, to the equally indiscriminate application of injections of the same strength to cases not equally fitted to bear them.

6. That the treatment has been secondary to disputes about the nature, sources and history of this disease, and to speculations, for they deserve no better title, about the action of medicines; whereas the cure of disease ought to precede all other considerations, for, however great may be the value of science, the welfare of man is a still greater object.

We have rarely seen a firmer acknowledgment of the need of special individualization in therapeutic means than is found here.

The author, in proposing his own plan of treatment, divides his cases into two classes—those which will admit of *abortive treatment* and those which require what he calls *ordinary treatment.*

Nitrate of silver, five grains to the ounce, is used as an injection in the proposed abortive treatment; then three or four grs. of calomel, followed by saline cathartics until several loose stools are procured. No food is allowed excepting a little warm tea or gruel, with toast.

After each stool the urethra is injected with zinc sulph., three to five grs. to the ounce, at the same time *bathing the penis with water as hot as it can be borne!*

Under the *ordinary* treatment, potassæ chlorates, ʒ ii; aquæ destill., ℥ iv. M. et agita bene donec solutio ft. dein adde potassæ acetatis, ʒ ii; spir. juniper., ℥ ss; mist. camph. ad., ℥ vi. M. Coch. amp. duo bis quotidie sumenda is urged as the very best internal treatment for a week, combined with free catharsis. Nitrate of silver, an eighth to half a grain to an ounce, increasing according to toleration, is advisable for the daily injection.

It is impossible to give our readers in a short review the many points which the work contains, and the best way for those who are interested is to get the book, and we are confident they will not regret it, whether they agree to the treatment advised or not, for it is full of reliable practical information.

The part of the volume devoted to the subject of gonorrhœa formed the February volume last year of Wood's "Library of Standard Medical Authors," and the section on spermatorrhœa has been published by itself, but this is the first opportunity of getting both subjects within the same covers.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M. D., F. R. C. P., Lecturer on Pharmacology and Therapeutics in the Westminster Hospital, Examiner in Materia Medica in the University of Edinburgh and to the Royal College of Physicians of London, etc. First American from the fifth English edition. Edited by Frank Woodbury, M. D., Fellow of College of Physicians of Philadelphia, Professor of Materia Medica, Therapeutics and of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. The Medical Register Co. Philadelphia, 1887; pp. 158, 12mo.

The title indicates that this may be a most useful little volume, and the test not only substantiates the truth of the title, but proves it to be very interesting withal. We know of no more convenient and useful book of its kind, and no practicing physician can afford to be without the information it contains.

The fact that a fifth edition has been called for abroad is sufficient evidence of the esteem in which the work is held.

A MANNUAL OF TREATMENT BY MASSAGE AND METHODICAL MUSCLE EXERCISE. By Joseph Schriber, M. D., Member of K. K. Gesellschaft der Aerzte of Vienna, formerly Docent in the University of Vienna; Foreign Member of the Société Française d'Hygiène, of the Société d'Hydrolgie Médicale of Paris; Corresponding Member of the Société de Médicine et de Cleinatologie of Nice; Proprietor and Director of the Sanitarium "Alpenheim" in Anesee, Styria, Austria. Translated with the auther's permission, by Walter Mendelson, M. D., of New York. Philadelphia, Lea Brothers & Co., 1887, pp. 285, octavo.

The object of this work is to afford the general practitioner a trusty guide to the mechanical treatment of disease, whereby he can either perform the treatment himself, or teach the nurse to do it for him. It has been the endeavor of the author to elucidate his method by the citations of cases which have come within his personal experience and to call attention to both peculiar and unforeseen difficulties, as well as to introduce practical hints to facilitate the execution of the various manipulations. The book is both practical and concise, and is an excellent hand-book upon this imgortant subject.

SYPHILIS. By Jonathan Hutchinson, F. R., S. L. L. D. Philadelphia. Lea Brothers & Co.

This work, by one of the ablest writers in our profession, forms one of Lea Brothers & Co's. blue duodecimo, clinical manuals for students and practitioners of medicine. The work carries out very successfully the idea of the author to present a full and clear exposition of all the diseases treated, in such a way that in the clinical cases plainly and concisely stated with the reasons for diagnosis and treatment, the

reader can hardly fail of getting a pretty correct impression of present knowledge of the subjects discussed. The author very wisely points the way to general principles, which once accepted obviates the necessity for much of the detail which can be found in larger and more systematic treatises. The central point from which syphilis is viewed, not only in this work but in every thing the author has written upon this subject is, that the disease depends upon a living and specific microbe and that it is contagious or transmittable only so long as that microbe retains its vitality, a microbe, the discovery of which, as the author says, must be the work of some future investigation.

A Practical Treatise Upon the Diseases of the Hair and Scalp. By George Thomas Jackson, M. D. New York. E. B. Treat, 771 Broadway. Price, $2.75.

Dr. Jackson has won for himself an enviable reputation as a specialist in diseases of the hair and scalp, and the work now given to the public is the outgrowth of extensive reading and large clinical facilities which he has utilized with judicious experiments to the best advantage. Part I. is devoted to the physiology and hygiene of the hair; Part II. to the essential diseases of the hair; Part III. to parasitic diseases of the hair, and Part IV. to diseases of the hair secondary to diseases of the skin. Under the appropriate head the author gives so clear a description of the removal of hair from the face of women, by electrolysis that any intelligent physician would after a little practice be able to perform the operation with entire success. In the city however, we prefer to utilize the skill in cases of this kind to specialists in this department whose constant practice ensures a delicacy of touch which renders the operation a very trifling matter.

Nutrition of Infants and Invalids.

No more important subject can engage our attention than the "Nutrition of Infants and Invalids," and Messrs. Wells, Richardson & Co. of Burlington, Vt. will send *gratis*, to such as may apply, an interesting little *brochure* written from their standpoint with sugar of milk as a basis.

The Cosmopolitan, one of the brightest and most interesting literary magazines published, has in its August issue some very charming reminiscences of Charles Sumner, from the pen of Mr. Johnson, who was at one time his private secretary. "Mr. Sumner," said the writer, "had a very critical taste in wines, which he only took at his meals, and then in moderation. He didn't know spirits by the taste. Once he found that when one of his clerks had a flask of whiskey in his valise provided for the journey on which he was about to start, asked a morsel as a curiosity, and after choking himself with a swallow taken neat, said it was the first time he had ever taken whiskey, and he thought it would be the last. On hearing that Bayard Taylor measured a man's capacity for continuous literary work by his ability for continuous smoking, Sumner replied he favored what was meant was that a good stomach was the real requisite, as much smoking could not be done without injury except by those who could eat heartily and digest well. While he tolerated smoking, he abominated chewing, and would not permit a cuspidor in his house. Sumner was never guilty of profanity, and yet he said of Ben Wade, who in one of his speeches made the air sulphurous and lucid with his picturesque profanity over a peculiarly exasperating and disastrous performance in negeophobia of one of our generals—the oaths were of the kind that my Uncle Toby said the Recording Angel will blot out with a tear, and after a moment's reflection said, but in old Ben's case it would be rather hard on the lachrymal glands. The Senator abhorred swearing in the abstract as neither brave, polite or wise, and yet admitted that in all countries and in all ages mankind seemed to feel the need of expletives. He did not fail to criticise men and measures, but he was an absolute enemy of scandal and gossip. Emerson said of him, he had the whitest soul I ever knew. It is said of him at a dinner table he quenched a *racontem* who began something by saying, 'I will venture to tell you a good story as there are no ladies present,' by saying, 'But, sir, there are gentlemen present.'"

In September Dr. Geo. H. Rohé will assume the editorship of a quarterly journal, *The Climatologist*, devoted to the scientific and practical consideration of questions in the domain of medical and sanitary climatology, including climato-therapy, medical geography, epidemiology, preventive medicine, and the investigation of the merits of mineral springs and health resorts. Each number will contain 48 quarto pages of reading matter, the subscription price will be 50 cents per year, and it will be published in Baltimore.

CORRESPONDENCE.

NON-HOMŒOPATHIC CURES.*

Editors New York Medical Times:

"In your July issue, you editorially say: 'We have all along insisted that homœopathy was not a system of medicine, but an adjunct to therapeutics; * * * that it was not of universal application,' etc., etc.

"As an earnest practitioner of medicine, and seeker after medical truth; as one without prejudice in the matter, and entirely open to conviction, I ask—nay demand—of you who profess to teach medicine by means of your journal that you publish examples—theoretical and practical—of cures by measures which are non-homœopathic.

"If your views are correct, and there exist such measures, they should be made known to homœopathic readers through homœopathic journals. The bare assertion that they exist will not suffice.

"Hoping the desired examples will appear with this request in your next issue, I am

"Yours fraternally, and for the truth,

"W. J. Hawkes, M. D."

Professor of Materia Medica in the Hahnemann Medical College, Chicago, Ill.

Chicago, July 14, 1887.

We give prominence to the above letter of Prof. Hawkes and our answer to it, not only because the letter is courteous in tone and reasonable in request, but also because the discussion of the subject may help other plodding and less gifted practitioners of medicine than is Prof. Hawkes to establish logical relations between medical theory and practice.

It would be idle to proceed with our subject without first defining the term "cure," homœopathic or non-homœopathic. In this endeavor the dictionaries, unfortunately, cannot help us. To this end we must call to our aid a knowledge of the vital processes, normal and abnormal, and the influence of medicaments on these processes in health and disease. Looking at the subject from this standpoint

*Our correspondent is respectfully referred to the clinical case reported by Dr. Minor, entitled "A Case of Tubercular Meningitis cured by Iodoform." Eds.

there is no such thing as "cure," philosophically speaking, as a property of any drug agent whatsoever, whether its relation to the vital condition be homœopathic or non-homœopathic. It is true that the cure of many diseases is aided by medicines; it is equally true that many diseases are cured in spite of them, by that determining, animating principle which presides over the destiny of organic life—the Unconscious. We hold to the doctrine of medical thinkers of all ages that Nature, or the powers of the Unconscious, alone possess the beneficent and marvelous power to heal our wounds, and to remove or cure our diseases, the agents and appliances of the medical art aiding or hindering these vital processes according to the degree of wisdom with which they are made use of. It is a manifest error, therefore, to assume, as many doctrinaires of the New School have done, and still continue to do, that the *similimum*, or true homœopathic remedy, possesses any curative virtue or property in itself, strictly speaking, any more than has the non-homœopathic drug or agent, in itself, the curative influence of either consisting in its power favorably to impress or modify the vital activities, and thus to aid the processes of health and repair. If the truth were otherwise no one need die of disease, or have his days less in number than that to which his nature limits him.

In its popular sense, however, "cure" has a meaning altogether different. The power to cure is, in popular phraseology, invested in the doctor, and various other persons for that matter, and curative virtues are attributed to drugs and other agents and measures, homœopathic and non-homœopathic, physical and psychical, because curative results follow their administration and application—the true and infallible power and source of all healing being ignored or overlooked, viz., the powers of the Unconscious. In discussing the means and methods of curing disease, therefore—of "obviating the tendency to death," and restoring the sick to health, which are the true offices of the physician—we should fail of being understood did we make use of the term *cure* in any other than its popular sense.

Admitting, then, that cures of disease may be effected by the homœopathic method, what are non-homœpathic cures of disease? We answer, in general, all those cases of sickness and disability which may be the more easily cured by means and methods which are not homœopathic. These cases are well known to the general practitioner, and form a large part of his practice. We do not hesitate to assert, with no intention of detracting from the just merits of homœopathy, that for every case met with in general practice to which the method of *similia* is adapted, there are several cases met with which may be more directly and, therefore, more successfully treated by *non-similia* methods. There are the headaches from gastric irritation, the diarrhœas due to dietetic errors; the dyspepsias and constipations from injudicious food and false habits of eating; reflex sufferings due to gastric irritation; the choleras brought on by indigestion; the fevers and inflamations caused by infection; asphyxia from foul air; anæmia from defective nutrition and confinement; debility induced by worry; the colics, winds, oppillations, concretions, piles, worms, eruptions, stenoses, strictures, abscesses, palsies, etc., etc. Would any earnest and sensible practitioner of medicine attempt to cure these and a hundred other similar ills by the exclusive method of *similia?* If so, we are confident he would soon discover his folly and correct his error. The indications of treatment in such and similar cases comprehend, for the most part, the removal of causes; the cure may be safely left to nature. That method of procedure which fulfills this indication in the most direct, prompt, easy and effective way is the most rational and, therefore, the best. But it is *not* always the homœopathic, and therefore must sometimes be the non-homœopathic.

But these are assertions—"bare assertions"—says our critic. He would have facts—clinical facts—these most uncertain and delusive elements of medical literature, when observed apart from a sound medical philosophy—the things which quacks and pretenders take refuge in and medical system-builders mould their gigantic castles by. This is not the place in which to detail clinical experience. Does not our learned critic read the medical journals? Surely, their pages teem with matter sufficient to satisfy the most greedy fact-gatherer. But we will stretch a point in this instance and oblige our amiable colleague with a few of the coveted items from our own note-book, taken at random, brief, but illustrative.

Alcohol in Septicæmia.—One of the worst and most desperate cases of puerperal septicæmia that ever came under our observation, made a good recovery by the free use of alcohol. During three weeks, with a temperature falling now and then to 95° and rising to 107°, the patient was nourished by whiskey and water exclusively, and was constantly bathed and swathed with alcohol. Other antiseptic measures were used, such as vaginal douches of the hydrargyri bichloride and the carbolic acid spray; but the central element of treatment was alcohol. This was continued until all evidence of sepsis subsided. Truly, this method was not the homœopathic.

Alcohol and Diphtheria.—Alcohol, we make bold to say, is the prince of antiseptics and the most perfect and reliable medicine of which we have any knowledge in diphtheria. Diluted with equal parts of water and given in small and repeated doses the malignant symptoms of this most fatal malady soon disappear and convalesence becomes assured. It is interesting to note with what facility the alcohol dissolves the diphtheritic exudation in the throat, lowers the temperature and becalms the pulse, showing its destructive action upon the germs of the disease which have been absorbed by the glands and gained access to the blood. This remedy has been used by us in the treatment of diphtheria since 1873, during which time no case of the disease has slipped through our hands except in one solitary instance, and that case was in *articulo mortis*, before the remedy was given. The remedy is also prophylactic to the disease, as we have found in many instances where it has not been expedient to quarantine the patient. For this purpose, it is only necessary for exposed persons to use the remedy, diluted as above stated, as a gargle and to swallow a little of it three or four times a day. The ease with which the remedy may be prepared and administered to children of all ages is a point of no mean advantage over the painful and often clumsy methods of the Old School. It is needless to say that alcohol is not homœopathic to diphtheria.

Brandy and Cholera Infantum.—The importance of the subject will excuse the mention of the use of alcohol as a most valuable non-homœopathic adjunct in the treatment of infants suffering from another and a most fatal form of blood-poison—that of cholera infantum. It is a most certain and valuable remedy in the severer forms of cholera infantum, in the form of brandy, one part diluted in twelve parts of boiled water with an added minimum of sugar or glycerine, withholding other nourishment, meanwhile, until the stomach can bear it. It has served us unfailingly in

many desperate cases of the malady in which the *similimum* had utterly failed. The remedy is an effective auxiliary in cholera morbus as well.

Catharsis in Catarrhal Gastritis.—The curative action of cathartic medicine in certain gastro-enteric complications accompanied with abdominal obstruction, is well known to all medical practitioners—except it may be, the close adherents of homœopathy. The case we are about to relate, illustrative of non-homœopathic cures, is noteworthy by reason of the great age of the patient (86 years), and also because a council of Old School physicians had pronounced the case hopeless The old gentleman had been "kept up" for several weeks on brandy, quinine, iron, strychnia, etc., until the bowels became obstinately obstructed and refused to respond to enemas. He was in this condition when the friends of the patient concluded to consult a physician of the New School and finally placed the case in our hands. The patient's bowels were so distended with fecal concretions as to make the leading indication of treatment unmistakable. The idea of seeking the *similimum* for such an obstructive condition did not occur to us. We began treatment therefore with compound cathartic pills (officinal) and continued with compound cathartic pills, daily, for a week, with amazing results. The patient's condition improved with every effect of the medicine. The following week magnesia citrate was substituted for the pills, and taken every morning for several days, always with excellent effect. The patient was put on a milk diet, made an excellent recovery, and still lives to rejoice at the fact.

Fasting in Epilepsia.—Twenty-eight years ago (1859) a young man who had been the rounds of the profession and under various methods of treatment without avail, was placed in our charge by his father, a wealthy citizen of our sister city, Brooklyn, to be treated for epilepsia. The attacks were severe and recurred frequently, sometimes as often as three times a day. The Graham system of diet was then popular in New York, and on the hypothesis that the young man was afflicted with intestinal worms—he was a voracious eater - it was decided to try the effect of a rigid dietary and to confine him to a few Graham crackers, an apple, and a glass of water for each meal. This austere reginen was faithfully enforced by an attendant who had him in charge, during a period of three months, when the epileptic seizures suddenly ceased, not again to return—nor have they down to the present writing, returned. Surely, this was a non-homœopathic cure.

Ipecacuanha and Spasmodic Croup.—A noteworthy case of spasmodic croup of most alarming severity, occurring in a child of five years, came under our observation sometime since. We sought the *similimum* in the case without success for several hours. The child seemed likely to die of asphyxia. In desperation we asked an Old School colleague to our assistance. We agreed that the case was a desperate one and that heroic measures were called for. It was the evening of one Christmas day, which to my colleague was suggestive of complications of nuts and candy. Acting upon this idea four fluid drachms of ipecacuanha were forcibly exhibited to the child. The result was a copious emesis, which was followed with prompt and complete relief.

Issues and Eczema.—In strumous cases the suppression of an eruption on the skin, or the healing of an issue, is sometimes followed with serious organic disease; so likewise, the establishment of an issue, or the promotion of a purulent discharge sometimes relieves serious complications. These facts have been known for ages. A case in point is that of a lady who came to us not long since, suffering from a troublesome eczema of the meatus of the ears. It was of long standing. She had been through a protracted course of homœopathic treatment, under a prominent homœopathic physician of this city, without obtaining relief, a circumstance which discouraged us from treating the case in like manner. In this dilemma, we inserted a seton over the site of the deltoid, and kept up by that simple means a purulent discharge for a few weeks, with perfect relief to the ears and great improvement of the general health. It is not unlikely that the *similimum* to this case could have been found, and that the disease could have been cured homœopathically, but not so promptly, nor more permanently, it is believed, than it was cured by a method which is certainly non-homœopathic.

Diet in Disease.—The relation of food to certain abnormal states is well known, to disregard which would be fatal to the success of any method in therapeutics. There are conditions, in fact, in which diet and not medicine, is the leading indication of treatment. We have repeatedly cured chronic flatulence, occurring in aged persons, with enlarged livers, by eliminating sugar from their dietary. All know the superiority of lean meat and skimmed milk over any form of medicine in diabetes; the benefit of a milk and farinaceous diet in catarrhal affections of the stomach; of cooked milk (boiled half an hour or more) in enteritis and ulceration of the mesenteric glands; of fresh vegetables in scurvy; of fruit, and bread made from unbolted wheat meal in chronic constipation, etc. The *Similimum* in all cases in which a faulty diet is the cause of malady, is of non-effect, except that of palliation, and the cure of them must be by a method which is non-homœopathic.

Mixed Methods.—There is a class of cases that may be more successfully treated by an exclusive adherence to the homœopathic method—a small class; there is another class of cases that yield more promptly to the application of the empirical method of the Old School—likewise, a small class; still another class of cases is there, and by no means a small class, that may be more readily relieved by a *union of methods.* The practical physician seldom confines himself to an exclusive method of procedure in any case. The warm poultice in insipient pneumonia is as curative as aconite, and as often used. Ice to the back of the head is more immediately curative in the convulsions of teething and meningitis than aconite, belladonna or the bromides. The warm bath in fevers, or mania, is a better anodyne than morphia, or bromide of potassium. The *similimum* is effective in acute articulosis: but it is still more effective when used in conjunction with morphia. So, likewise, in the treatment of puerperal peritonitis: the free use of opium is an indispensible adjuvant. It quiets the bowels, promotes perspiration and lowers the temperature. The warm poultice to the abdomen is also a valuable adjunct in the same disease. Neither poultice nor opium, however, is homœopathic to such cases, as all know.

A volume of similar and equally suggestive observations clinical might be adduced illustrative of our theme—non-homœopathic cures; but these must suffice. It would be pleasant to us to detail observations made in the department of psycho-therapeutics, and to show by clinical facts what may be done—nay, what is being done—with psychical agencies in curing diseases, such, for example, as the curative influence of the Doctor, one who is thoroughly alive to the demands of his calling, apart from his method or medicine; the curative power of Expectation as made

use of by the ignorant charlatans who pose under the name of Christian Scientists; the marvelous power over the unconscious processes possessed by Faith—all of which are non-homœopathic. It will not do for an "earnest practitioner of medicine" to close his perceptions to these things. The science and art of medicine is being revolutionized before our eyes. Let us not ignore the fact. No earnest practitioner of medicine can say to day, as did Hahnemann three-quarters of a century ago, that he knows nothing concerning the nature of disease; that for all practical purposes, symptoms constitute the disease; or that the sole duty of the physician to the sick is to find and administer a drug whose pathogenesy corresponds to their symptoms. Rather must he seek in etiology, in most of the cases which come under his observation, indications for guidance in their treatment. The world will be better off when the medical profession study sanitation more and materia medica less. The advancement made in the knowledge of morbific causes and their removal, within the last two generations, in England, has added a decade to the average length of human life in that country. Would that we could record equally humane results as due to progress in therapeutics and materia medica during the same period.

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ABUSE OF MEDICAL CHARITIES.

Dr. I. N. Love, of St. Louis, president of the Miss. Valley Med. Association, delivered an address recently from which we quote as follows:

"The abuse of medical charities is a subject which is agitating all the cities of the world, and in many of them public meetings have been held by the profession to discuss some means for remedying the wrong; in all it is of very serious import to the profession and to the people—a double injury.

"In many cities, clinics, hospitals and dispensaries are established and being established vieing with each other in the inducements offered to attract patients, in taking the bread from the mouths of the tyros in the profession who have been seduced into it by the allurements of an easy entrance, as well as many of the older members who find it difficult to keep the wolf from the door; at the same time banefully affecting the subjects of their indiscriminate charity by educating them to the point of being full-fledged paupers.

"Relative to this I quote the following from that bright and sterling journal the *Chicago Medical Standard*:

"To what is particularly indiscriminate almsgiving, the profession has been and is grieviously addicted. The merchant, beloved for his charities, would be laughed at as a fool were he to give away his goods to persons in the enjoyment of good salaries, yet the physician is doing this every day through his dispensary, hospital and church charities. As a result charity has become the first refuge of the charlatan. 'The poor treated free' is the motto upon the banner under which the quack marches to victory.

"The result of the indiscriminate ostentatious rivalry in charity, is that the upright, general practitioner, overworked to secure a bare livelihood, finds neither time nor strength for scientific research, as his labors are too exhaustively increased by the financial struggle for existence. Worn out in harness he dies, and a wealth of medical lore which would have enriched the world is buried with him, and the 'good, charitable doctors' cant over his remains that it was to be regretted that such an able, honorable physician had published so little, and was such a poor business man.

"At least one half the community are practically paupers as regards medical charities. The professional Pharisaic pseudo-philanthropy has created this large class of morally defective beings. In the interest of the profession and society, it is time this were ended. Let every physician bestow in secret his private medical charity on the deserving poor. Such charity will elevate them and elevate him, but let every medical pseudo-philanthropist who acts as medical officer to any so-called medical charity, whether it be a church charity, a dispensary or hospital, or a college clinic, which, after rigid supervision does not turn from its doors all able to pay, be driven from the ranks of reputable medical men.

"A number of years of official connection with the various eleemosynary institutions of a large city has convinced me that possibly, organized systems of charity are objectionable in that they discourage individual charity by removing the opportunity of its exhibition and encourage pauperism by being too indiscriminate in relieving the recipient of the feeling of personal obligation for favors received. The question may well be asked whether any other class of workers are actively engaged in efforts to increase their numbers by 'giving away without money and without price' the secrets and knowledge of their calling, and at the same time educating their clientelle in the direction of demanding and accepting service without compensation therefor.

"Add to this fact that sanitary science, preventive medicine and all that the terms imply are the direct result of the noble, generous, heroic work of the medical profession in all the years gone by, and I think we are safe in concluding that the time is drawing near when it will be necessary to call a halt in these efforts to attract recruits and at the same time diminish the proper compensation of the workers in the profession by reckless and misdirected benevolence.

"Do not misunderstand me. I would not that the profession be less generous and self- sacrificing, but more just to itself. Let us ask regarding those whom we take into our ranks. Are they well equipped for the service? In their entirety are they men, manly men? If so they will not want to sneak into the profession through a crack in the door and then go dodging through their professional lives for the reason that they are not able to present a clean bill of entry. The man who accepts something for nothing as a rule loses his independence and his manhood, whether he be a patient, a medical student or what not.

"This question of charity in our profession is an ever present one. Not a day passes but that we are called upon to visit those from whom the simple 'God bless you' is all that we will ever receive. But that is a fee that indeed enriches us.

"The work of a physician is of a character, if properly exercised, to make him a nobler and a better man each day he lives, full of sympathy for the suffering, words of cheer for the sorrowing, charity for the unfortunate and the sinning, a work which of necessity develops a man's sensibilities, and finer feelings, which intensifies his emotional nature in one direction and curbs it in another. Let us not attempt to check this elevating and ennobling tendency. The doctor who can go from house to house and say to the patient 'your money or your life,' I had almost said in advance, please, has a thoroughly dollar-and-cents idea of his calling to say the least, and is not a member of whom we should feel proud, even though he become prominent as a very rich man, but he is a benefit to the profession in that he educates his patients in the direction of paying their bills. His greatest damage is to himself.

"It is the too numerous organized charities against which I have been inveighing.

"Let us not cease our individual charities. Let us not attempt to close our hearts against our generous, our better impulses, but let us be carefully judicious in our distribution of gratuitous work, and guard ourselves against the formation of careless business habits in connection with those who are able to pay for service received."

The great evil attending the dispensary system in this city, namely, the free medical treatment of a large class of persons who can well afford to pay for the service rendered, is generally acknowledged by medical journals and by the medical profession at large. In discussing with physicians this important problem, however, the inquirer is confronted with two questions: How can the evil be remedied! And do the physicians in charge of the dispensaries exercise proper discrimination, or do they accept apparently well-to-do patients in order to increase their facilities for study and experiment?

A physician who is connected with a dispensary is reported as saying, "A large percentage of the people who come to dispensaries can afford to pay a doctor. But there are a great many sides to this question. In general it may be said that the poor and comfortably well-to-do classes are ignorant concerning the merits or demerits of the practitioners of medicine in the city. I have known persons to come here who had consulted a dozen physicians but without relief. They had paid a good many dollars, and perhaps could ill afford to spend more. Everybody knows that dispensaries accept patients who are able to pay $1 for a single visit, but who are not able to pay $3 or $5 for a visit.

"Take another side of the question. A man came here recently who is earning $80 per month. He was afflicted with a nervous disease which needed careful treatment by a specialist. The man has a wife and several children. He could not afford to consult an expert in his private office. What would you do in such a case?

"Yes deception is practiced. One of the most poverty-looking individuals you can imagine once came here and asked to be treated. I subsequently learned that he was worth $100,000.

"Then, again, the poor are being driven from the dispensaries by the rich. I have known instances where they would scrape together a dollar because they were ashamed to sit among the rich in the waiting room. I seriously think that it would be better to do away with dispensaries entirely. As it now is, the doctors do this charitable work gratuitously. If the institutions were abolished, they would still do the same work without charge. This much would be gained by their abolition, the physician would discriminate between rich and poor. In the country there are no dispensaries. Each physician, to a certain extent, is a charitable institution in himself; and, medically speaking, the sick are better cared for there than here So long as the hospitals and colleges establish dispensaries and advertise for patients, what are you going to do?"

Another prominent physician says, "I would burn up the dispensaries. The poor would not suffer. The doctors who care for them now would care for them then. The physicians themselves are largely to blame for the evil which exists. They do not refuse cases, for they want material for their clinics."

The *Lancet* (January 1, 1887) said in an editorial concerning dispensaries in London: "It would, perhaps, be under the mark to estimate that fully 25 per cent. of the relief given is not acctually required." That is, the recipients would readily pay for it voluntarily, were it not made so easy to obtain it gratis. In such cases "it is not succor to save life, but it saves from paying." The same article continues; "It is neither wise nor kindly on the part of the medical staffs of hospitals (*i. e.*, hospitals with dispensaries), to shut their eyes, or affect to shut their eyes, to the fact that they are inflicting a very serious and increasing injury on their fellows, by assisting in the folly of pushing unnecessary charity beyond all due bounds." But the fault lies not wholly with the physicians for the majority of dispensaries are not founded by them, and the responsibility must be shared by philanthropic laymen.

At a meeting of physicians and laymen held at the New York Academy of Medicine on November 20, 1885, to discuss this subject, among resolutions regarding the abuse of dispensaries it was stated that,

Whereas, Such imposition not only causes a great waste and misuse of contributions made by the benevolent for charitable purposes, but also lowers the self-respect and independence of the applicants, breaks down the spirit of thrift and tends to a further increase of public burdens, it was

Resolved, That it is the sense of the representatives of the several hospitals and of the doctors of the city here assembled, that steps should be promptly taken to reduce, and, if possible, prevent such imposition and to insure that the contributions of the charitable are used only for the benefit of the destitute and not wasted upon persons who can and should pay a physician for his attendance

Dr. W. G. Thompson says that in 1886, in New York, in thirty-two dispensaries there were more than 600,000 visits, allowing that 25 per cent. of these visits (a low estimate for this city), might just as well have been paid for by the patients at the very low rate, say of 50 cents a visit, there are $75,000 practically thrown away—more than that the system is doing positive harm. In 1886, in New York, the cost of maintaining thirteen only of the larger dispensaries was over $100,000. From the annual reports of the dispensaries themselves, 250,000 is a low estimate for the actual number of separate individuals who received medical advice gratis and medicines (or for next to nothing) in New York last year. It is well for the would-be benevolent to consider such statistics.

The present unchecked increase of dispensaries is clearly suicidal to the medical profession. It must, however, be remarked, without claiming any undue philanthrophy for physicians, that as a class they do an enormous amount of service to the poor in dispensaries for which they receive no pecuniary return whatever, and in doing which they sacrifice much of their best time and energy, as well as a very large source of income from a class of patients who could perfectly well pay moderate fees. It is intended here to show that this system is a public ill in so far as it encourages pauperism. It is often asked, "why do not the doctor's strike, or remedy the evil themselves?" Many of them would like to and some are seeking to do so. But they cannot do so without co-operation. The dispensaries, excepting a few connected with colleges, are founded not by physicians but by philanthropists who do not look ahead and do not consider how much has been already done. There is far too much sentiment among the managing committees of dispensaries who like to make a good numerical showing in their annual reports.

Mr. Herbert Spencer, in discussing analogous charities, (The Coming Slavery, Contemporary Review, 1884, April), clearly points out how: "The people at large, led to look on benefits received through public agencies as gratis benefits, have their hopes continually excited by the prospect of more"—and there is no more striking illustration of this evil than overdone public medical charity.

What is the remedy? Several are being tried. In England the "Provident Dispensary" system has recently been introduced. This is a kind of insurance, whereby mechanics and laborers are encouraged to pay to a dispensary a small weekly per capita instalment for themselves and their families, which insures them gratuitous medical advice and medicines in time of need. This system—which has also been tried in a much smaller scale in this country—has not proved successful in so far as insuring adequate pay for medical service is concerned, in New York the Charity Organization Society has volunteered to investigate for all dispensaries, free of charge, all such cases as are suspected of being unworthy of medical charity.

At the meeting in the New York Academy of Medicine,

above referred to, it was resolved: "That the best remedy lies in the use of the methods and system of the Charity Organization Society." Blanks are furnished by this society to the dispensaries, and physicians or dispensary clerks are requested to fill them out with the names and addresses of suspected undeserving patients. Only a half-dozen dispensaries have as yet co-operated with the society in this work, and of the cases thus far investigated the society report that about one-third of the patients have given false addresses (representing themselves to live in poorer districts than they do), and about two-thirds have been shown to be perfectly able to pay for treatment. A further remedy lies in the duty of benevolent persons, before opening new free dispensaries, to thoroughly inform themselves of the condition of the district they propose to benefit, and to ascertain how amply the field may be already covered by existing institutions.

"HOMŒOPATHY IS BUT A PART OF THERAPEUTICS."

MESSRS. EDITORS: The *Medical Era* has kindly vouchsafed the explanation which I asked for in your June number. It appears in the shape of an outpouring which covers two pages of editorial, and then bubbles up among the miscellaneous paragraphs on the concluding page. "Dr. N's letter," we are told, "while very plausible to the unthinking, contains an element of sophistry which destroys his entire argument. *He assumes—for the sake of his argument—that homœopathy constitutes but one-ninth part of the practice of a homœopathic physician*: he totally ignors the fact that it really comprises *eight-ninths*, while all the "fragments" of which he speaks are represented by the remaining fraction.

"Dr. N. assumes that the practice of a homœopathic physician consists of nine different parts—palliation, surgery, antidotes, parasiticides, mineral waters, hydrotherapy, electricity, empiricism and homœopathy. But he commits the fatal error of placing all of these on a par—of attaching no more importance to one than to another. There is nothing whatever in his letter, from first to last, to indicate that he assigns to homœopathy any higher place, or any wider sphere, than he does to any single one of the other methods enumerated—parasiticides, mineral waters, or what not. Every homœopathic physician in the land knows how false such an assumption is. And Dr. N. knows it as well!"

Of course he does; and every one who takes the trouble to read my letter will see that it contains not a single word to the contrary. I simply quoted the assertion of Dr. Jousset—endorsed by the *Medical Era*—that "homœopathy is but a *part* of therapeutics," and drew the logical inference that therefore it is improper to call it a "system of medicine." The editor of the *Medical Era* knows as well as I do that the *relative size* of this part—whether it comprises one-ninth or eight-ninths or any other proportion of the whole edifice of therapeutics—has nothing whatever to do with the question.

The correctness of my inference manifestly depends upon the definition of the word "system." The Editor perceives the necessity of noticing this point, and the following is the way he does it:

We have had dictionaries thrown at our heads before now, and we will add that it is a perfectly legitimate sport. We wish, at the present moment, to indulge in the pastime ourselves. We invite Dr. N. to read his dictionary again, and to read the definition *clear through*, without stopping at the first line, or selecting a disjointed group of words. We have done so, and, as a consequence, we are still more firm in the conviction that homœopathy *is* a SYSTEM OF MEDICINE, even though the physician may make an occasional outside excursion in order to kill a worm, antidote a poison, or give a vapor bath!

Well! I have "read my dictionary again," and, as it is a very small pocket affair (the only one I happen to have with me in my summer retirement), unlikely to inflict the slightest "harm upon a skull of solid proof, impenetrably dull," I will "indulge in the pastime" once more. Here is all that it says *sub voce* "system:" "N. Anything formed of parts placed together; orderly arrangement; regular method or order; the universe."

Four distinct definitions, the editor of the *Medical Era* will observe. Possibly I took the wrong one, but what right has he to charge me with anything so dishonest as garbling my quotation? The assumption is gratuitous and unjustifiable and only serves to show how hard driven he must have been for a reply.

And why, after threatening me with retaliation—probably by launching at my devoted cranium the mighty bulk of "Webster's Unabridged"—does he refrain from quoting the definition which he says confirmed his conviction, and which could have knocked the props from beneath my argument? Does he think it is "his privilege to limit others" by his unsupported assertion?

I will conclude by commending to his careful consideration—though not bearing directly upon the topic we have been discussing—the following paragraph from a journal whose loyalty to the "system" is as unquestioned though perhaps less blatant then his own. The *American Homœopathist*, (July, 1887):

The Old School physicians of to-day claim the right to use and do use whatever they believe to be of value among the remedies of any school, and their literature is full of facts and suggestions culled from homœopathic sources. We may deplore their perverseness in not accepting more, but the fact remains that there are many able progressive practitioners in the Old School ranks who are brilliantly successful, and successful because they are progressive, taking whatever is of value in the treatment of disease wherever they can find it. Their practice in its results will compare favorably with that of the homœopathists. The distinction between the schools has been almost lost sight of among the laity, and it is now as much a question of the physician himself as of his mode of practice. And not a few observations have come under our notice where disease has been cured by an Old School practitioner after a homœopathist had failed. This is no fault of homœopathy. But it is a warning of what the future may have in store for us if we are content to live in the past, and we must accept facts as they are, and give credit wherever it is due.

E. D. N

SOCIETIES.

SOME NOTES FROM THE PROCEEDINGS OF THE "ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE."*

THE CHEMISTRY OF NITROGEN.

Vice-President Albert B. Prescott discussed "The Chemistry of Nitrogen as disclosed in the Constitution of the

* Annual Meeting held in this city, beginning August 11, 1887

Alkaloids" before Section C (Chemistry). He said in substance:

"The character of nitrogen is a challenge to chemical skill. Mocking us by its abundance in its free state, the compounds of this element are so sparingly obtained that they set the rate of value in supplies for the nourishment of life. The agent chosen and trusted for projectile force in arts, of war and of peace, yet the manufacture of its most simple and staple compound has been a vain attempt, and it is one urged anew by the chemical industries. Moreover nitrogen holds the structure of the aniline dyes, and governs the constitution of the vegetable alkaloids. In research, the nearest approaches to the molecule, as a chemical center, have been reached through organic chemistry. Carbon was the first and hydrogen has been the second element to give to organic chemistry a definition. At present, carbon is looked upon as the member for fixed position, and hydrogen as the member for exchange, in organic families. Nitrogen comes next in turn to receive attention. The study of the carbonaceous compound of nitrogen promises to do for organic chemistry what the latter has done for general science."

The speaker then outlined the history and present state of the structural chemistry of the vegetable alkaloids, as follows:

"(1.) *Nitrogenous Bases as Derivatives of Ammonia.*—It was maintained by Berzelius that the vegetable alkaloids were unions of entire ammonia with organic radicals. In the third decade Liebig held that these bases were compounds of amidogen, the larger part of ammonia. In 1849, the French chemist, Wurtz, produced the first chemical derivatives of ammonia by substitution. The names 'methilamine' and 'ethilamine' then given by our own Dr. Sterry Hunt, are the names that remain. A. W. Hofmann, who still directs the Berlin laboratory, when in England in 1850, devised means of introducing groups of one or two or all three atoms of hydrogen, held by the one atom of nitrogen in ammonia. This reaction of Hofmann is of constant and still-increasing usefulness, both in research and in manufacture. Simply as derivatives of ammonia, however, the structure of vegetable alkaloids has not been revealed.

"(2.) *Nitrogenous Bases Represented by Aniline.*—These artificial alkaloids, extensively produced as color-stuffs from coal-tar materials, are of the so-called 'aromatic' constitution first brought to light by Kekule in 1865. The vegetable alkaloids, when broken up yield 'aromatic' products, but they have not been found actually to posess the 'aromatic structure' in any form of it known earlier than 1870.

"(3.) *The Pyridine Type of the Vegetable Alkaloids.*—The constitution of the pyridine and quinoline series was ascertained by Kœrner and by Bæyer in 1870. These bodies can be obtained from bone-oil and from coal-tar. They are of a remarkable chemical structure. Like aniline, they have the closed chain of six positions, but, unlike aniline they have one of these positions held by nitrogen. The introduction of the atom of nitrogen into the closed ring so affects the qualities of the molecule that stable addition products are formed. About 1879 it began to appear that the vegetable alkaloids in general are of the pyridine type, of 'aromatic' composition.

"In this type the structure of ammonia is not violated, and the theories of Liebig, Wurtz and Hofmann were not superseded. Within the last three or four years the veil has been drawn from the structure of the chief alkaloids of plants. Even before that the alkaloids of black pepper, tobacco and hemlock, of very simple composition, were studied with success. The alkaloids of the belladonna root, the cinchona bark and the coca leaf are now subject to an increasing measure of constructive operation in the laboratory. Morphine is convertible into codeine, and the efforts to convert strychnine into brucine and cinchonine into quinine ought to succeed.

"The necessary studies of position in the pyridine molecule are being entered upon. Some good medicinal alkaloids are being made by art. It may come that the identical alkaloids of nature will be made by art. Not by chance efforts, however, nor by premature short cuts, but, if at all, through the well-earned progress of the world's chemistry will these results be gained. And it speaks enough for the rate of this progress to say that one of the very first of the forward steps here recounted was taken by a man still living as a contributor. Due honor for what his hands have done, and all gratitude for what his eyes have seen."

VEGETABLE PARASITES AND EVOLUTION.

Vice-President Farlow in Section F (Biology) discussed "Vegetable Parasites and Evolution." The following is an abstract of his address:

"Botanists, as a rule, have contented themselves with considering the ancestral relations of the higher plants only. Hardly any attempt to elaborate a scheme of development for the whole vegetable kingdom has as yet been made. This is due in part to the fact that the older plants, unlike the older animals, have left almost no fossil records. It is my purpose here not to attempt a complete botanical tree of life, but to inquire into the origin of a single group of plants, vegetable parasites.

"A parasitic plant is one obliged to obtain its organized material from other plants or from animals. Parasites subsisting on dead matter are called saprophytes; those on living substances true parasites. The mould on bread is a saprophyte; the potato-rot fungus a true parasite. Excepting plants like the Indian pipe and dodder, most parasites belong to the fungi.

"The parasite is usually destructive to the host on which it lives. As the mould grows the bread disappears; the decay of the potato is due to the ravages of the potato-rot fungus. There are several cases, however, in which for the host and parasite mutual advantages are claimed. Notably among these are lichens, in which the green cells and fungous filaments are said to be reciprocally beneficial. To this mutual relation has been given the name symbiosis. The benefit derived by the fungus is real; that for the alga is at best hypothetical, for the green cells seem to grow more luxuriantly when free from the fungus. A second case of so-called symbiosis is the root-fungus, Mycorrhiza, and the trees on which it grows. Frank, who discovered the Mycorrhiza, supposed that the fungus conducted all the food from the soil into the roots. However this may be, Hartig has shown that the fungus is not necessary to the tree, and Kamienski claims that it is really harmful. Both lichens and mycorrhiza must be considered cases of the parasitism, not symbiosis. The animals and unicellular algæ offer more promising examples of symbiosis, for here the products of assimilation are such as to render a condition of mutual benefit readily conceivable. Botanists seem to have overestimated the number of cases of symbiosis, and to have included among them cases of true parasitism.

"It is highly probable that vegetable parasites originated at an early epoch from non-parasitic forms. There is rea-

son for believing that the earliest forms of undoubted plants were unicellular and not unlike Protococcus. These once having established themselves, there is no reason why they should not have been quickly followed by colorless, unicellular parasites like Chytridium. The transition from Protococcus to Chytridium is easily effected. As soon as a Protococcus has developed the power of attaching itself to other protococci, lost its chlorophyl and developed means of penetrating the wall of its host it has assumed all the essentials of a Chytridium. Whether the filamentous and higher parasites have been derived from such chytridiaceous forms is not easy to say. It is, however, perfectly possible.

"It seems not unreasonable to suppose that true parasites may have originated at a very remote period from non-parasitic plants, but may not saprophytes first have developed from non-parasitic plants, and then parasites from saprophytes? The question is one not to be answered from actual knowledge; the probabilities seem to favor the view of parasites originating directly from forms like Protococcus.

"Still another possibility must be noted. Could not both parasitic and non-parasitic plants have originated simultaneously from a protoplasmic ancestor, neither animal nor plant? The Myxomycetes favor this view. But the Myxomycetes may be animals, and, if plants, they have remained in a low condition and have no off-shoot representing higher forms. It is safe to say, however, that the more highly developed parasites have not had their origin in the Myxomycetes, and there is very little to lead us to believe that parasitic and non-parasitic plants were simultaneously developed from primitive protoplasmic structures.

"When one regards fungi as a single class of plants, and attempts to trace a clear connection between the highest and lowest members, he finds numerous gaps which cannot well be filled. A general parallel, however, exists between chlorophyll-bearing algæ and fungi, and one is forced to ask whether the order of development has not been from the lowest to the highest algæ, and whether the different groups of fungi have not arisen from different groups of algæ at different periods in the process of evolution. This view seems more in accordance with existing facts than any other."

THE CHEMISTRY OF OYSTERS.

Before the chemical section, Professor W. O. Atwater, of Wesleyan University, Middletown, Conn., said in part in discussing "The Chemistry of the Floating of Oysters:"

"Not every lover of the oyster knows that the size and plumpness, which are so highly prized in the great American bivalve, and which are so attractive in specimens on the half shell or in the stew as to lead the average man to pay a considerable extra price for extra size, are not entirely natural, and even those who do not know that the majority of oysters in the market are artificially swollen, are not all aware that the process by which this is done is closely analogous to that by which the food in our own bodies is conveyed through the walls of the stomach and other parts of the digestive apparatus, and poured into the blood and lymph to do its work of nourishment.

"The following statements are adopted from a paper presented to the last meeting of the American Fisheries Association: It is a common practice of oyster dealers, instead of selling the oysters in the condition in which they are taken from the beds in salt water, to first place them for a time, forty-eight hours, more or less, in fresh or brackish water, in order, as the oystermen say, to 'fatten them,' the operation being called 'floating' or 'laying out.' By this process the body of the oyster acquires such a plumpness and rotundity and its bulk and weight are so increased as to materially increase its selling value.

"The belief is common among oystermen that this 'fattening' is due to an actual gain of flesh and fat, and that the nutritive value of the oyster is increased. A moment's consideration of the chemistry and physiology of the subject will make it clear, not only that such an increase of tissue substance in so short a time and with such scanty food supply is out of the question, but that the increase of volume and weight of the bodies of the oysters is just what would be expected from the osmose of dialysis which would naturally take place between the contents of the bodies of the oysters as taken from salt water, and the fresh or brackish water in which they are floated.

"If we fill a bladder with salt water and then put it into fresh water, the salt water will gradually work its way out through the pores of the bladder, and at the same time the fresh water will enter the bladder; and, further, the fresh water will go in much more rapidly than the salt water goes out. The result will be that the amount of water in the bladder will be increased. It will swell by taking up more water than it loses, while at the same time it loses a portion of the salt. It does this in obedience to a physical law, to which the terms osmose and dialysis are applied.

"We should expect the same principle to apply to the oyster. Roughly speaking, the body of the animal may be regarded as a collection of membranous sacks. It seems entirely reasonable to suppose that the intercelluler spaces and probably the cells of the body would be impregnated with the salts of sea water in which the animal lives, and this supposition is confirmed by the large quantity of mineral salts which the body is found by analysis to contain.

"In the experiments here reported the increase in bulk and weight amounted to from one-eighth to one-fifth of the original amounts. This is about the same as is said to occur in the ordinary practice of floating or 'fattening' for the market. According to this five quarts of oysters, in their natural condition, would take up water enough in 'floating' to increase their bulk to nearly or quite six quarts. The flavor of oysters is often much improved by the removal of the salts in floating and they are said to bear transporting and to keep better. But when the oysterman takes 'good fat oysters,' which 'yield five quarts of solid meat to the bushel,' and floats them so that 'they will yield six quarts to the bushel,' he has an extra quart, and that a quart of the largest and highest-priced oysters to sell. He offers his customers no more nutritive material, indeed, a trifle less in the six quarts then he would have done in the five quarts if he had not floated them.

"From the standpoint of chemical physiology the most interesting outcome of the experiments is the very interesting parallelism they show between the processes by which the salts and other materials pass from within the body to the surrounding medium, and those by which the digested materials of the food in man and other animals are conveyed through the walls of the alimentary canal into the blood and lymph to serve their purposes in nutrition."

DISCUSSING BOTANY AND ZOOLOGY.

The morning section of Section F, the section of Biology, was devoted to papers on botany, and the afternoon session to papers on zoology. Flowers appeal to everybody, and there were probably more young and more fair faces seen in the morning at Section F than in any other part of the

meeting. The first paper read was "Notes on the Flora of the Kittatinny Mountains," by Dr. N. L. Britton, of New York. He said in part:

"In November, 1884, I called attention to the existence on the Kittatinny Mountains of a number of plants whose ordinary habitat is near the Atlantic Coast in sandy soil. Since that time I have been able to make further exploration of the region and can furnish additional support to the position then taken. The most interesting spot yet visited is a lake of some 200 acres, called Sunfish Pond. The resemblance to the pine barren flora is remarkably apparent. The floral resemblance traced bears no relation to the geological age of the two regions. But there is another range of mountains parallel to the Kittatinny's whose flora has many species in common with the latter. I refer to the ridges of the Green Pond system. The rock is a silicious conglomerate much resembling that of the Kittatinny."

John M. Coulter read a paper on "Developments of the Umbellifer Fruit." A paper followed by Robert P. Bigelow, of Washington, "On the Structure of the Frond in Champia Parvula, Haro," illustrated by diagrams and specimens. A paper by W. G. Farlow described "Apical Growth in Fucus." The next paper was on "Study of the Hairs in Silphium Perfoliatum and Depsocus Lacinotus in Relation to Insects," by W. J. Beal, of Lansing, and C. E. St. John. The substance of the paper was as follows:

"The upper surface near the apex is thickly set with small hairs. These hairs point toward the tip of the leaf. Similar hairs were found all along the mid vein, side veins and veinlets of the upper surfaces of the leaf. The cavities formed by the perfoliate leaves are very small and hold but little water. They are full after any rain or heavy dew. These cups do not seem to serve any purpose as insect catchers. Is the plant insectivorous? The plants were watched carefully for two weeks, and during that time but few insects were caught. The nutrition from the insects caught could be but little. It seems more probable that the object of the cups with their water is to protect the plant from crawling insects, which it does most effectually. The blossoms are frequented by bees and other crawling insects, but upon the plants are found no ants or other crawling animals."

A paper followed on "Character of the Injuries Produced by Parasitic Fungi upon their Heart Plants," by A. B. Seymour. The following is a brief extract:

"Parasitic fungi injure their post plants; first, by taking their nutriment and causing to some extent starvation. Individual cells are killed or their food supply continually absorbed. Cell walls are injured. Second, the power of assimilation is impaired. Reduction of food supply weakens the physiological power. Spots are formed. Black molds obstruct the passage of light. Some fungi cause a change of position in the host and less favorable exposure. Third, growth is abnormally accelerated or retarded, causing distortion, as well as impaired vitality. Fourth, any parts may be affected. In the flowers of the blackberry a distortion known as 'double blossom' is caused. In many grasses the entire infloresence is destroyed. Fifth, decay is produced in ripe fruits, affecting their appearance or quality or destroying them. Sixth, valuable plants become infested with diseases from less valuable ones, as when wild cedars infect apple trees with rust. This offers a favorable field for further investigation. The extent of the injury attributable to any one cause is difficult to determine, as several act together."

A paper by Effie A. Southworth, entitled "Notes on Catalpa Leaf Spot Disease," closed the session. On reassembling a paper was read "On the Phengodini and their Luminous Larviform Females," by Professor C. V. Riley, of Washington. He gave a history of the discovery of the fact that the females are the most perfectly larviform of all known adult insects, and then gave a technical account of their structure, based on a study of some fifty specimens from all parts of the country. A. J. Cook, of Lansing, read a paper "On the Morphology of the Legs of Hymenopterous Insects." The closing paper was by E. D. Cope, of Philadelphia, on "The Mechanical Origin of the Sectorial Teeth of the Carnivora." The following is an outline:

"The primitive condition of all mamalia was to have the teeth in both jaws triangular, in sections and alternating in position. In the process of evolution the hinder side of each of these teeth has developed a ledge, which would strike the opposing tooth and cause overlapping. This type characterizes the Eocene flesh-eaters. When we reach the Miocene we find the triangular parts have undergone change and the true sectional tooth is seen in the cats, etc. The genesis of the sectional tooth is explained as follows:

"Since the lower canine tooth shuts anterior to the upper canine, the result of the enlargement of these teeth will be to cause the crowns of the inferior teeth to be drawn from behind forward against those of the superior teeth. Thus a sharing motion would result. We must observe that the internal tubercle of the superior triangle has been pushed continually forward and been reduced to a very small size. In the process above described mechanical processes have produced definite results, and variations are accounted for which cannot be by a theory of natural selection."

"The Increase of Blindness in the United States" was the subject of a paper prepared by Lucien Howe for the section in economic science and statistics. Following is an abstract:

"Attention is called to the fact that, while the population during the ten years from 1870 to 1880 increased at the rate of 30 per cent., blindness during the same time increased 140 per cent. The statistics also show that blindness increased in an almost constant ratio from north to south in the United States, and that it decreased in the same way from east to west. The cost of sustaining this army of more than 50,000 blind, if estimated on the lowest basis of cost and wages which should have been earned, amounted to more than $16,000,000 in 1880, or more than $25,000,000 in 1887.

"As for the causes, contagion was found to exercise the most important influence. This was found by a special examination made for the purpose of 128 pupils, at the Batavia Asylum for the Blind, by the statistics collected by Magnus, and by the records of more than 58,000 cases treated at the Manhattan Eye and Ear Hospital.

"Immigration was also considered as an important factor in view of the large number of contagious diseases of the eyes introduced every year into the country, and the laxity and absence of quarantine regulations regarding them."

Before Section F, Biology, at the morning session, Prof. J. Schrenk, of the New York College of Pharmacy, presented a paper "On the Histology of the Vegetable Organs of Brasenia, Peltata, Pursh." A paper followed on "The Cultivated Cinchonas of Bolivia," by Dr. H. H. Rusby, of Columbia College. W. G. Farlow gave a paper entitled "Æcidium on Juniperus Virginiana," illustrated by specimens. W. J. Beal presented "A Comparison of the Epidermal System of Different Plants." The next paper was on "Confirmatory Evidence of Mastodon Obscurus Leidz, as

an Authentic American Species," by R. P. Whitfield, of New York. Professor C. V. Riley read a paper on "The Buffalo-Gnat Problem in the Lower Mississippi Valley." A paper was read by W. B. Scott, of Princeton, entitled "Origin of American Carnivora." Joseph Jastrow, of Germantown, closed the session with a discussion of "A Point in Dermal Physiology; with Demonstration of a New Æsthesiometer." At the afternoon session the first paper was on "The Relation of the Commissures of the Brain to the Information of the Encephalic Vesicles," by Professor H. F. Osborn, of Princeton. This was followed by a paper "On the Early History of the Foot in Prosobranch Gasteropods," by Professor Henry L. Osborn, of Purdue University, Lafayette, Ind. Professor E. D. Cope, of Philadelphia, read a paper on "The Pineal Eye in Extinct Vertebrata." The session closed with two papers by Miss Fanny R. Hitchcock, of New York.—"A Preliminary Paper on Structure of Alosa Sapidissima" and one "On the Homologies of Edestus."

Professor S. B. Newberry, of the New York Academy of Sciences, read a paper before the Chemistry Section. It was entitled: "The Significance of 'Bonds' in Structural Formulas." Vice-President Prescott, of Ann Arbor, then read an interesting paper on "Positive and Negative Units of Valence." The other papers of the morning were: "The Processes of Soil Formation from the Northwestern Basalts," by Professor E. W. Hilgard, and "A Compound Rich in Carbon, Occurring in Some Plants," by Professor Allen C. De S. Abbott.

In the afternoon Professor Albert R. Leeds, of Hoboken read a valuable paper on "The Scientific Basis of the Feeding of Infants." Professor Leeds said that out of every one hundred infants fed on mothers' milk, statistics showed that about eight die at the end of the first year; out of one hundred wet-nursed, eighteen died, and of one hundred fed on "infant foods," fifty-one died by the end of the first year. He advocated the use of cow's milk diluted to the standard of human milk.

TRANSLATIONS, GLEANINGS, ETC.

Renal Calculi.—Mr. J., age 28, called upon me, bringing with him thirty-eight calculi, varying in size from a large mustard seed to a large pea. He stated that he had been troubled with the gravel for a period of over three years, and that he had suffered excruciating pain during the passage of every one of these thirty-eight stones, and had reason to believe that he had passed many more than this number, but had failed to find them. I at once put him upon Lambert's Lithiated Hydrangea, ʒ ij four times a day. One week after commencing this treatment, he passed a calculus about one-quarter inch in diameter, and suffered intensely during its passage. At the end of the month he stated that he never felt better in his life, and had passed no more calculi. At that time I reduced the dose to ʒ j three times a day upon an empty stomach, with half a tumbler of water. Six months have elapsed since the beginning of treatment, and there has been no sign of a reappearance of his old trouble.—Dr. Charles K. Cutter, in St. Louis *Med. and Surg. Jour.*

Simon's Method Outdone.—The capabilities of rectal exploration were thought to have been exhausted, when Simon, after stretching the sphincter ani, introduced the whole hand and part of the fore-arm into the rectum, and was thereby enabled to examine the pelvic organs very thoroughly; but a case is reported in the *British Medical Journal,* in which, for the purpose of removing a large impacted mass of fecal matter far up the colon, the upper extremity was thrust into the bowel as far as the axilla, to permit which the sphincter ani was cut through, the incision extending back to the coccyx. The line, says the *Weekly Med. Review,* had better be drawn at the axilla in this matter, as there is no telling where it might otherwise stop, and some conservative operater be attempting to remove a cancer of the pyloric end of the stomach by way of the rectum and small intestines.

Habitual Constipation in Children.—"In June, 1884, I saw a child, eight months old, who was brought up by hand, and did not thrive owing to flatulent distention of the bowels and constipation, the motions being hard and pebbly with much straining in defæcation. Mellin's Food, mixed with milk, quickly overcame these troubles, and the child soon became strong and healthy. In anotner case, a child, aged one year, also brought up by hand, was very constipated, thin, and whining, with the wrinkled face of abdominal trouble. It was rapidly passing from bad to worse. From the day Mellin's Food * was given, an improvement set in, the sickness ceased, the abdomen became soft, and the action of the bowels was healthy and regular."—(Dr. Wm. H. Day, in *London Med. Press,* May 11, 1887).

Cost of an Electro-Therapeutic Outfit.—Dr. Wm. F. Hutchinson, in the *Medical Register* of May 11, 1887, states that with the following supply of instruments the doctor will be ready for any emergency in which electricity can be used in medicine. There will, of course, come times when a special appliance will be needed; but stout brass wire, a pair of cutting pliers, and a little ingenuity, will readily supply such need. Let us recapitulate the outfit and see how much all this is going to cost in round numbers:

One Galvanic Battery, portable	$35 00
One Galvanic Battery, office	35 00
One Faradic Machine	30 00
Eight Galvanic Electrodes, with handles	15 00
Six Sponges and Holders	6 00
One Wire Brush	1 50
One Eye Cup	1 50
Or a total of, say	$124 00

From this there will be some trade discount, probably enough to reduce the amount to $100 net.

How to Travel Safely in Africa.—The London *Times* says that Prof. Oscar Lenz has just returned from Africa, and looks none the worse for his long and fatiguing journey. He has remained in excellent health since he left Europe, and this he attributes to his observance of dietary rules. He never ate raw fruit or drank unboiled water. He lived chiefly on rice, chicken and tea. Wine and spirits he did not touch. He was also careful to avoid bathing in the rivers and pools of clear cold water, so tempting to travelers, but which so often give deadly chills. He dressed in flannels, and exposed himself as little as possible to night air. In this way he passed unscathed through re-

* Both Fresenius and Stutzer by analysis and microscopical examination, have shown Mellin's Food to be *wholly* free from starch.

gions infected with marsh fevers, ague and smallpox. Almost the whole of his journey across the African continent was performed on foot. In general, the demeanor of the natives in all regions was most friendly. He always made it a point to avoid doing anything that might alarm them. He exhibited no weapons, and endeavored to show by his manner and language, and by the ready offer of presents, that he came as a friend. It is his boast that he never had to use a firearm for defence against any human being.

Justice to Hahnemann.—Dr. Alfred Drysdale sent the following to the *London Lancet*, which was rejected:

As Dr. Brunton states that Hahnemann "has done great service by teaching the curative power of unaided nature," it seems to me that the time has now come when the medical profession should do honor to his memory. I therefore write to suggest that the Fellows of the College of Physicians should cause a bust of Hahnemann to be placed in their entrance hall, and establish an annual Hahnemannian oration in his honor. If it is objected that this would indicate rather a startling change of front, it may be replied that the College of Physicians of the time of Harvey showed as much enmity to that great physician as it has ever shown to Hahnemann, and it has nevertheless paid similar honors to his memory.

The Protection of the Perineum While the Fetal Head is Passing.—Dr. D. Berry Hart (*Edin. Med. Journal*, April, 1887) says: All the attendant can do, apart from the familiar means of relaxing perineal spasm by chloroform and hot applications, is to prevent the sinciput being forced down in advance of or faster than the occiput. He restrains the fetal head from passing too rapidly. He thus has always to get the occiput to lead, and to get it fully born first if possible. The best way of doing this is as follows: With the patient lying, of course, on her side, the attendant places the thumb of his right hand, guarded by a napkin soaked in hot sublimate, in front of the anus, and presses it gently there. The pressure is not in the direction of a line joining his thumb and the pubic arch, but nearly in that of the axis of the pelvic outlet. By this, descent of the sinciput is hindered, and that of the occiput favored. When the latter is beginning to pass under the pubic arch, the fingers of the same hand are placed between it and the apex of the arch, so that when the occiput has cleared the arch the fingers are passed towards the nape of the neck, and the head thus grasped in the hand, the thumb lying over the sagittal suture. This gives one complete command over the head which is now engaging in the diameters between the nape of the neck and forehead and face, and allows the whole passage with as little tear as possible.

Gelosin.—This mucilaginous principle has recently been studied by Guerine, who contributes a note on the subject to the *Paris Medical*. It is an amorphous, uncrystalizable, colorless substance, non-nitrogenous and very closely allied to lichenin and fucin (from lichens and algæ respectively), as would naturally be expected when we remember its source (selidum orneum, a Japanese alga). It takes up and jellifies 550 times its volume of water, making a very firm, almost solid, transparent mass. To understand what this means, imagine a substance, one cubic inch of which, dropped into a vessel of water six and one-third inches cube, would render it a solid mass! Any medicament soluble in water can be introduced into the liquid while still hot, and will be found evenly distributed throughout the jelly after cooling. Neither acids nor alkalies seem to destroy the jellifying power, and quite a large amount of glycerin may be added without apparently affecting it. It is easy to see what a rôle gelosin is destined to play, not only in medicine and pharmacy, but in the arts and economies of life.

Urethritis Without Gonorrhœa Among Rheumatics.—Chazeaux (*Lyon Medical*), after narrating two cases in detail, concludes:

1st. That there occurs among rheumatics a virulent urethritis where the gonococci are wanting.

2d. That it is characterised by a purulent urethral discharge and other symptoms of blenorrhagia.

3d. That the entire absence of gonococci is the only positive point in differential diagnosis.

4th. That in four published cases orchitis and epididymitis were wanting.

5th. That the rheumatic diathesis can of itself produce this disease; contagion or an inflicting organism being wanting.

A New Local Anesthetic.—Prof. Wilhelm Filehne, of Breslau, has discovered that the union of tropin, a molecule derived from atropine, with benzoic acid, produces a substance which he names *benzoyltropin*. He states that it produces an "exquisite local anesthetic effect." It has also mydriatic power, paralyzing the accommodation. Filehne states that it is the benzile molecule in cocaine which is the active agent. Benzoyltropin is the nearest approach to cocaine. It has greater mydriatic power, but is much higher in price.

Simple Methods of Reviving Persons Apparently Dead.—At a meeting of the last congress of German Scientists Dr. H. Frank mentioned that there are but two ways to stimulate the heart: Electricity, and mechanical concussion of the heart. The first is considered dangerous by him, as it may easily destroy the last power of contraction remaining in the organ; but what is termed "pectoral concussion" is decidedly preferable. F.'s method is as follows: He flexes the hands in the wrists to an obtuse angle, places them both near each other in the ileo-coecal region, and makes vigorous strokes in the direction of the heart and of the diaphragm. These strokes are repeated from fifteen to twenty times, and are succeeded by a pause, during which he strikes the chest over the heart repeatedly with the palm of his hand. In favorable cases this method is early successful, and sometimes a twitching of the lids or of the angles of the mouth appears with surprising rapidity as the first sign of returning life. As soon as these symptoms are noted, the simple manipulation above described must be earnestly continued, and persevered in for from a half to one hour, for with their cessation the phenomena indicating beginning return of life also cease. Generally the face soon assumes a slight reddish tint, and at the same time a faint pulsation may be felt in the carotids, By this method F. has seen life return in fourteen cases, amongst whom were such as had hung themselves, drowned and asphyxiated by carbonic oxide, and in one case by croup. In three cases of asphyxia by coal gas, and in one case of apparent death by chloroform, the method described alone succeeded. F, therefore, advises the practicing physician not to lose time, with other proceedures, but at once to employ a method which, in his hands, has proved so universally successful.

MISCELLANY.

—A society has recently been organized in Illinois composed of men of all schools and admitting all physicians as members who are indorsed as qualified to practice medicine by the State Board of Health.

—An Italian physician recommmends *Thymol* for tape worm; twelve doses of ten drops each, giving a dose every fifteen minutes, followed by a dose of castor oil, generally produces an expulsion of the dead worm. An ounce of castor oil is given the evening before from which time the patient should abstain from food.

—*The Periscope* recommends as almost a specific for nursing sore mouth a pill before each meal, composed of a half grain of nitrate of silver and a fourth of a grain of opium.

—The experiments of Dr. Kries shows that a quarter or half per cent. solution of sulphate of thalline is a rapid destroyer of the gonococcus of gonorrhœa. Prof. Gohl has utilized this observation by injecting a tablespoon of this solution in gonorrhœa following it immediately by a second injection. The results have been very satisfactory. Dr. Pinyaret recommends in gonorrhœal orchitis, salicyate of soda in twenty grain doses every hour until the pain ceases as superior to any other treatment.

—The contagiousness of leprosy is still an unsettled point among medical men. Of forty-seven, who gave answers on the subject to the Royal College of Physicians, London, thirteen held that it was contagious and thirty-four that it was non-contagious.

—The *Camera Magazine* says a child was photographed in apparant health and clear skin. The negative showed the face to be covered with an eruption, and three days later the child's face was covered with prickly heat. In another similar case the spots discovered in the negative, in two weeks proved to be small-pox.

—It is thought that carbonic acid produced by the action of venegar upon marble was used as an anæsthetic by the ancient Egyptians and Greeks. The anæsthesia produced by it lasts a long time and the carbonic acid mixed with air is without danger.

—According to Mr. Lawson Tait, the fallopian tubes and their ciliated epithelium, the endometrium and its menstrual discharge, are all the result of the upright position of the human female.

—Paralytic ataxia of the heart is the name given by Prof. Semmola to a cardiac neurosis which comes on at the age of forty to sixty, as the result of emotional strain and venereal excesses. It is characterized, first by severe dyspeptic troubles, then by cardiac symptoms, palpitation, and irregular heart action, marbled extremities, dyspnœa, and slight œdema.

—Dr. Mariano Semmola, professor of experimental therapeutics in the University of Naples, has consented to deliver one of the general addresses before the International Medical Congress at Washington. He has chosen for his subject "Bacteriology and Its Clinical Therapeutics."

—A series of experiments by Sir W. Roberts on the influence of food accessories on digestion is reported in the *Nineteenth Century*. One of the most unexpected results of these experiments was the discovery that beef tea has a powerful retarding effect on stomach digestion.

—Prof. Sappay says that the ovaries of one woman contain enough ova, if they were all utilized, to populate a city as large as Paris.

—Patient—"Tell me candidly, Doctor, do you think I'll pull through?" Doctor—"Oh, you are bound to get well; can't help yourself. The *Medical Record* shows that out of one hundred cases like yours one per cent. recovers invariably." "That's a cheerful prospect." "What more do you want? I've treated ninety-nine cases and every one of them died. Why, man alive, you can't die if you try. There's no humbug about statistics."

—The Paris municipal council has decided to open a hygienic museum, in which the microscopic effects of allowing water to stagnate, the skin to remain dirty, and bad air on the blood, will be shown as well as other causes of disease. Lectures on the laws of health will be delivered in connection with the exhibition.

—Dr. Strong, chief of staff, W. I. Hospital, reports 680 patients treated during the month of July. Mortality 2.20 per cent; 2369 patients have been under treatment since January 1. Three vacancies will occur on the House Staff on November 1.

—From Edward Atkinson's essay in the August *Century*, accompanied by charts, we quote that so far as the great mass of the people of this and of other lands are concerned, about one-half the cost of living is the price paid for the materials for food, the cost of food to common laborers who have families to support being as a rule much more than one-half their income.

The question of interest to those who assume to be strictly "*the working classes*" is not so much what the price of the necessities of life may be, as it is how many portions of food, fuel, and clothing each one can buy at the retail shops in which they deal, and how good a shelter each one can procure for one day's or one year's earnings. In other words, what is, or what has been, the value of a day's labor when converted into the commodities which are necessary to existance?

—Slowly but surely (writes Prof. Austen, in the *Druggist's Circular*) the study of natural science, the study of the material things and phenomena about us, is being forced upon the attention of school boards and teachers. Language, the means by which one expresses his ideas, is necessary and important, but more important than anything else is the education of the student in such a way that he may have ideas. I claim that unless natural science and actual laboratory work is included in the school studies they will not meet the demands of to-day. Years are spent in attempting to learn a dead language, in which the students rarely become proficient enough to read it at sight, much less to speak it or even write it correctly in it So far as mental drill goes, few who are honest, doubt that the same time given to the study of German would give quite as effective a mental drill, and would have the enormous advantage of enabling the student to read, and perhaps speak, a living language of the greatest importance in science and commerce of this century.

—Within the last fifteen years the curious discovery has been made that the earth's surface is being continually shaken by tremors, so minute as to remain unsuspected without the intervention of the most delicate instruments. In every country where the experiment has been tried these tremors have been detected, and not merely at certain periods but so incessantly that there is never a second of perfect rest. The earth may fairly be said to tremble like a jelly.